



ACTIVITY RELEASE AND MEDICAL CARE AUTHORIZATION

(PLEASE COMPLETE, SIGN AND RETURN)

I am _____("Participant"), in the 2020 Ohio Braille Challenge hosted by The Clovernook Center for the Blind and Visually Impaired

OR

I am the parent/legal guardian of _____("Participant Name"), who is a participant in the Braille Challenge, hosted by The Clovernook Center for the Blind and Visually Impaired.

The undersigned understands that at times the Participant may be transported by a volunteer or paid staff member of Clovernook to various events or activities both on the premises at Clovernook and off-premises at various locations. I authorize this transportation. The undersigned Participant understands there are risks and physical dangers inherent in participating in the program, as well as risks and physical dangers in transporting the Participant to and from various activities and the Participant's home.

If the volunteer(s) or paid staff member(s) of Clovernook accompanying the Participant to such an event or activity determine that the Participant needs medical attention, then I authorize those volunteer(s) and/or staff member(s) to consent to:

1. The administration of any treatment deemed necessary by the Participant's physician, or if the relevant designated practitioner is not available, by another licensed physician and/or dentist.

*Please print names

Physician Name: **Dr.** _____ **Phone #:** _____

and/or

Dentist Name: **Dr.** _____ **Phone #:** _____



2. The admission of the Participant to _____ Hospital or if that facility is not accessible, any other hospital reasonably accessible. I also authorize and consent to the volunteer(s) and/or staff member(s) administration of first aid to the extent those volunteer(s) and/or staff member(s) deem appropriate.

In consideration of the Participant being permitted to participate in the program, I do hereby fully waive, discharge, release and hold harmless Clovernook, its trustees, officers, agents, employees, and volunteers from any and all actions, liabilities, expenses, claims and demands of whatsoever kind, whether known or unknown (collectively, "Claims"), on account of any and all injuries, losses or damages, including consequential damages, which the Participant or the Participant's family members may sustain in connection with the Participant's participation in the program, or during the Participant's transportation by volunteers or paid staff members of Clovernook.

This release applies to any personal injury, property damage or wrongful death that may be suffered while participating in the program or during transportation to, from or in connection with the program, even if caused by the acts or omissions of others. The undersigned acknowledges that third-parties do participate in the program, and specifically releases Clovernook from any claims arising out of the act or omission of such third-parties. This release is binding upon me, my spouse, my child and his/her personal representatives, assigns, heirs and next of kin.

By signing this release, I agree to release, indemnify and hold Clovernook harmless from any and all liability or costs, including attorney's fees, associated with or arising out of the Participant's participation in the program or transportation in connection with the program, including transportation to and/or from home. By signing this release, I agree to release, indemnify and hold Clovernook harmless from any and all liability or costs including attorney's fees, arising out of any motor vehicle accident or incident which occurs while the Participant is transported to/from or during the program activity or transportation to/from the Participant's home. This release is intended to be as broad and inclusive as is permitted by the laws of the State of Ohio, and if any portion hereof is held invalid. It is agreed that the balance shall continue in full legal force and effect. This release may be signed in any number of facsimile or electronic counterparts, and any facsimile or electronic



signature shall be deemed an original. This release shall be effective for a period of one year, or such longer time as the Participant participates in the program.

I further state that I have carefully read this Release and know the contents thereof, and I am signing this Release as my own free act.

Parent/Legal Guardian: _____ **Date:** _____

Print Name: _____

Signature: _____

(Signature of parent/legal guardian if participant is under 18 years of age.) (I affirm that I have legal right to issue such consent.)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____