

Belmont Behavioral C.C.E. – Parental Consent Waiver

Activity: Belmont Behavioral C.C.E. –

Date of Activity:

Time:

Location:

Activity Description:

Participant Information

Minor's Full Name:

Date of Birth:

Full Address:

Emergency Contact Name:

Emergency Contact Phone Number:

Medical Conditions:

Special Needs:

Parent/Guardian Full Name:

Relationship to Minor:

Phone Number:

1 - Consent and Acknowledgment

- I, the undersigned, certify that I am the parent or legal guardian of the minor named above ("Participant"), and I hereby give my full consent for the Participant to participate in the Belmont Behavioral C.C.E. ("Activity") on the date(s) and location specified above.

2 - Assumption of Risk

- I understand that participation in the Activity involves inherent risks, including but not limited to physical injury, illness, or property damage. I acknowledge and fully assume all risks associated with the Participant's involvement in the Activity.

3 - Medical Authorization

- In the event of an emergency, I authorize the organizers of the Activity (your child's educator, chaperone, or form of guardian) to secure medical treatment for the Participant and agree to be fully responsible for any medical expenses incurred.

4 - Waiver and Release of Liability

- In consideration of the Participant being allowed to participate in the Activity, I, on behalf of myself, the Participant, and our respective heirs, assigns, and next of kin, hereby release, waive, and discharge David George and Belmont Behavioral C.C.E. from any and all claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by the Participant, or to any property belonging to me or the Participant, whether caused by the negligence of the Released Parties or otherwise, while participating in the Activity or in any exercises related to the Activity.

5 - Indemnification

- I agree to indemnify and hold harmless the Released Parties (David George & Belmont Behavioral Collaborative Consulting Experience) from any and all claims, demands, actions, or causes of action, and related costs and expenses (including reasonable attorneys' fees), arising out of or in connection with the Participant's participation in the Activity.

6 - Acknowledgment of Understanding

- I have read this Parental Consent and Liability Waiver form, fully understand its terms, and understand that I am giving up substantial rights, including the right to sue, hold liable, or otherwise. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Parent/Guardian Signature:

Printed Name:

Date:

Please return this completed form to your child's leader at least 2 weeks before the activity date. Your child's participation in the Activity is contingent upon the receipt of this signed waiver. Information about David George, Belmont Behavioral C.C.E., and our services can be found on our website www.BelmontBehavioralCCE.com

Form Approved By Facilitator Signature: