

## Cedar Rapids Vision In Motion

### Participant Agreement and Parental/Guardian Acknowledgement, Consent, Release of Liability

Please read before signing

I, \_\_\_\_\_, legal guardian to \_\_\_\_\_ sign this participant agreement for my child (children) to participate in the *Cedar Rapids Vision In Motion group programming* at the Cedar Rapids Vision In Motion clinic. I understand that I am entirely responsible for my child's (children's) participation in *Cedar Rapids Vision In Motion* activities, including supervision, compliance with rules, and proper use of facility and equipment. In the event there are behavioral issues exhibited by your child that are disruptive to the group, I understand that I will be contacted by a CR VIM staff member to discuss these concerns. I am also aware that CR VIM reserves the right to remove the child (children) from the group who are not behaviorally appropriate. (Partial tuition may be refunded).

I have read and agree to abide by all rules and directives of Cedar Rapids Vision In Motion staff in relation to my child's (children's) participation in *Cedar Rapids Vision In Motion programming*.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Acknowledgement Release and Consent

1. Child/children's name(s) and date(s) of birth: \_\_\_\_\_
2. Name of participating caregiver: \_\_\_\_\_
3. I/We, the undersigned being the parent/guardian(s) of, \_\_\_\_\_, hereby acknowledge that there may be risks to the personal safety of my/our child/children. I/We hereby release Cedar Rapids Vision In Motion from any liability or responsibility in regard to his/her personal safety.
4. I/We hereby release and discharge Cedar Rapids Vision In Motion from any and all liability, claims, demands, settlements, judgments or causes of action that I/We may hereafter have for injuries or damages arising out of our child's (children's) participation in *Cedar Rapids Vision In Motion programming*. I/We further agree that I/We will not sue or make claim against Cedar Rapids Vision In Motion for damages or other losses sustained in *Cedar Rapids Vision In Motion programming*. I/We also agree to indemnify and hold Cedar Rapids Vision In Motion harmless from all claims, judgments, and costs, including, but not limited to attorney's fees, and to reimburse them for any expenses whatsoever incurred in connection with an action brought as a result of our child's participation in *Cedar Rapids Vision In Motion programming* activities.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_