



# Parent 'Empowerment' University

## Waiver Form

PARENT'S NAME: \_\_\_\_\_ Cell Phone # \_\_\_\_\_

# 1 CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to allergies, please provide details: \_\_\_\_\_

# 2 CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to allergies, please provide details: \_\_\_\_\_

# 3 CHILD'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to allergies, please provide details: \_\_\_\_\_

In enrolling at Parent University, participant understands that while attending the programs and using Newtown Middle School facilities, he/she does so at his/her own risk. Newtown Parent Connection, Inc., Ben's Lighthouse and Brookfield CARES and its board members, volunteers, and agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises. He/she does hereby fully and forever release discharged hold harmless Newtown Parent Connection, Inc., Ben's Lighthouse and Brookfield CARES, all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Newtown Parent Connection, Inc., Ben's Lighthouse and Brookfield CARES. Failure to do so may result in suspension from participation.

**CONSENT:** I, the undersigned parent or guardian, do hereby grant authority to the staff at Newtown Parent Connection, Inc., Ben's Lighthouse and Brookfield CARES, to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Newtown Parent Connection, Inc., Ben's Lighthouse and Brookfield CARES, and its assignees, to utilize any and all photographs, pictures, videos or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

