

DAY PHONE: _____ CELL PHONE: _____

Please specify if any health insurance pre-certification, notification, or other requirements exist for the participant:

Liability and Activity Release

I understand that MWI of MBTS, for which this Liability and Activity Release and Medical Consent Form is being provided, is in connection with the childcare that is provided while mothers are in MWI classes, attending MWI Connect events, or participating in other MBTS activities offering childcare.

I have read all informational materials regarding the above-described activities and I hereby consent to my child's participation in the planned activities, including all field trips to destinations off site from the MBTS Campus. I understand that any activity carries a degree of risk and I acknowledge and accept such risks inherent in my (or my child's) participation, including but not limited to, physical movement and exertion, the use of public and/or private transportation, and other recreational activities.

I acknowledge that it is my responsibility to provide adequate accident and medical insurance for myself (and/or for my child) and that the MWI and MBTS, their agents, employees, directors, assignees, trustees, officers, and other representatives shall not be held responsible for any medical costs incurred as a result of my (or my child's) participation in these activities/childcare. I hereby declare that I am (and/or my child is) covered by primary accident and medical insurance.

In consideration of my (and/or my child's) participation in the above-described activities/childcare, I release and forever discharge the MWI, the MBTS and their agents, successors and assigns, directors, trustees, officers, employees, volunteers, and other representatives from any and all liability, damages, causes of action either at law or in equity that I may have as a result of my (and/or my child's) participation in, attendance at, and travel to and from such activities/childcare. I further agree to indemnify and forever hold harmless the MWI, the MBTS and their agents, successors and assigns, directors, trustees, officers, employees, volunteers, and other representatives from any loss or liability at law or in equity that may be made by me (and/or my child), by anyone on behalf of me (and/or my child), or by anyone else on their own behalf for damages or any other loss arising out of any act or omission by me (or my child) which results in injury or damage to any other persons or property.

I have read and fully understand the contents of this Liability and Activity Release and Medical Consent Form, and sign below of my own free will.

Parent/Legal Guardian Signature
(if Participant is under 21)

Date