

PARENTAL RELEASE AND CONSENT

UNIVERSITY OF CHICAGO

FAMILY RESOURCE CENTER

Please fill out and return to Lizanne Phalen, Manager, Family Resource Center, 5655 South University, 2nd floor, Chicago, Illinois 60637. We must receive this release and consent form as well as a registration form for you to use the Center.

In exchange for the privilege of entering and using the facilities located at the University of Chicago Family Resource Center (the "Center") the undersigned hereby certifies and agrees as follows:

I am over the age of 18, and am a parent or the legal guardian for:

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| MY CHILD: | |
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I understand and acknowledge that the Center is not a daycare center, is not equipped or authorized to provide childcare services, and will not provide or be responsible for, the care or supervision of My Child or any other children who are admitted to the center.

I have read, understand and agree to comply with the Center's Guidelines (the "Guidelines"), a copy of which is attached to this Release and Consent as EXHIBIT A.

My Child, and all other children admitted to the Center under my care shall be accompanied and supervised by me or my Child's Designated Child Care Providers (as designated in EXHIBIT B hereto) at all times, and I shall not supervise more than three (3) children, including my own child or children, at one time while at the Center.

I understand that I and my Child's Designated Child Care Provider are responsible for ensuring that the Child or children in our care comply with the Guidelines and other rules governing activities within the Center.

I understand that in the event I violate any of the above provisions, violate any of the Guidelines, or otherwise take any action, or any child under my care or supervision takes any action, which is deemed to be inappropriate by a member of the Center's staff, I, together with any children under my care or supervision, may be removed from and barred further entry from the Center.

MEDICAL CERTIFICATION, INFORMATION
AND CONSENT FOR MEDICAL TREATMENT

I certify that my Child has no special dietary needs, is undergoing no medical treatment, and is taking no medications other than those I have disclosed to the Center on the attached Medical Information Sheet and has no restrictions that would prevent his/her participation in the activities at the Center.

I understand that neither the Center nor the University provides health, accident or liability insurance to my Child or me. I certify that I have adequate medical insurance to pay for any medical services that may be required while s/he is participating in any activities at the Center. I have provided all the necessary medical insurance information on the attached Medical Information sheet.

In the event that my Child requires medical care including surgery or administration of drugs, blood or anesthetic and I cannot be reached or the emergent circumstances do not allow time to reach me, I authorize each of the Designated Child Care Providers designated herein to obtain for my Child such medical services as are deemed necessary. I understand and agree that neither the Center nor the University assumes any responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

WAIVER AND RELEASE

In consideration of my Child being allowed entry to the Center and access to its facilities, I agree to assume all the risks and responsibilities surrounding my Child's use of and activities within the Center, and in advance release, waive, forever discharge, and covenant not to sue the University, the Center, or their governing boards, officers, agents, employees, and any students acting as employees ("Releasees"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature which my child/ward may have or may hereafter accrue to him/her, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by him/her or by any property belonging to him/her, except if caused by the sole negligence of the any of the Releasees, while s/he is at the Center.

I have signed this Waiver and Release in full recognition and appreciation of the dangers, hazards, and risks of my child participating in activities at the Center, which could include serious injury and property damage. In signing this Release, I acknowledge and represent that I have fully informed myself of the content of this Release of liability and hold harmless agreement by reading it before I sign it, and that I have reviewed it and understand what it means and that I sign this document as my free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I understand that the Releasees do not require my child/ward to participate in this Activity, but I want him/her to do so, despite the possible dangers and risks and despite this Release.

I further agree that this Release shall be construed in accordance with the laws of the State of Illinois. If any term or provision of this Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

Signature Page to Parental Release and Consent

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Agreement on the _____ day of _____, 20____.

PARENT / LEGAL GUARDIAN

[Signature]

[Print Name]

EMERGENCY CONTACT INFORMATION

In case of emergency, we must be able to contact you as quickly as possible. It is essential that this form have complete and accurate information. Please provide information for three adults including at least one parent or guardian.

1. Name _____ Relation to participant: _____
Home address: _____
Home Phone: _____
Employer: _____
Employer's address: _____
Work phone: _____
Work schedule: _____
Other phone: _____

2. Name _____ Relation to participant: _____
Home address: _____
Home Phone: _____
Employer: _____
Employer's address: _____
Work phone: _____
Work schedule: _____
Other phone: _____

MEDICAL INFORMATION SHEET

Name of insurance company: _____

Insurance company address: _____

Insurance company phone number: _____

Policy number: _____

Name of employer or group name, if any: _____

Name of insured, employee or participant: _____

Does your insurance require you to contact the insurer or primary care physician or other person to approve medical treatment to assure insurance coverage for the medical bills?

YES _____

NO _____

If YES, please provide the following:

Name to contact: _____

Phone number _____

Please note that the Center will attempt to contact the necessary individual to approve medical treatment but is not liable if such contact cannot be made.

Please provide any other information that may be helpful in helping your claim against your insurance company for any medical bills your child/ward incurs:

EXHIBIT A

FAMILY RESOURCE CENTER GUIDELINES

The Family Resource Center (the "Center") welcomes graduate and professional student families. Our mission is to create a space where student families from the University of Chicago community can access resources, information and supportive programming.

PLEASE NOTE: THE CENTER IS NOT A DAYCARE CENTER. WE ARE NOT EQUIPPED OR AUTHORIZED TO PROVIDE CHILDCARE SERVICES, AND WILL NOT PROVIDE OR BE RESPONSIBLE FOR, THE CARE OR SUPERVISION OF CHILDREN WHO ARE ADMITTED TO THE CENTER.

ALL FAMILIES AND CHILDREN USE THE CENTER AT THEIR OWN RISK. EACH CHILD'S PARENT OR OTHER LEGAL GUARDIAN MUST REGISTER AND SIGN A THE CENTER'S CONSENT AND RELEASE PRIOR TO USING THE CENTER FOR THE FIRST TIME.

ALL CHILDREN UNDER THE AGE OF 18 MUST BE ACCOMPANIED AND SUPERVISED AT ALL TIMES BY HIS OR HER PARENT, LEGAL GUARDIAN, OR DESIGNATED CHILD CARE PROVIDER (DEFINED BELOW). NO ADULT MAY SUPERVISE MORE THAN THREE (3) CHILDREN AT ONE TIME AT THE CENTER. THIS INCLUDES DESIGNATED CHILDCARE PROVIDERS. IN THE EVENT A CHILD IS LEFT UNATTENDED, OR AN ADULT OTHERWISE VIOLATES THESE REQUIREMENTS, THE CHILD AND ACCOMPANYING ADULT MAY BE REQUIRED TO LEAVE THE CENTER IMMEDIATELY.

1. The Center reserves the right to refuse entry to any person, or require any admitted person to leave the Center immediately, in the event that a member of the Center's staff determines (in his or her sole discretion) that the person's behavior (or the behavior of a companion of such person) violates any Center rules, any University policy, or is otherwise inappropriate. If that person is caring for a child, the child will also be obligated to leave. One violation is enough to suspend privileges. Any staff decisions to revoke usage privileges may be appealed by writing a letter to the vice president and dean of student's office.
2. Each child admitted to the Center must be accompanied and supervised by the child's parent, legal guardian or Designated Child Care Provider. Each Designated Child Care Provider must be designated as such by the child's parent or legal guardian in a signed Family Resource Center Parental Consent and Release. A signed Release naming the Designated Child Care Provider must be on file with the Center in order for a child to be admitted under the supervision of a Designated Child Care Provider.
3. The Center is not responsible for any property brought into the Center. A lost and found box may contain misplaced items.
4. Smoking is not permitted in the Center, in the building, or within 15 feet of any building entrance.
5. Please wipe items with sanitary cloths after your child is finished playing with Center toys. These cloths are provided by the Center.
6. Center property is not to be removed from the facility. Violators will be assessed replacement costs for any lost or missing items. If it is determined that the removal of any item(s) was deliberate, the offender will no longer be admitted to the Center.

7. Tidy up after using the Center. If an item is used, please put it back where it was found.
8. It is suggested that you remove your shoes when entering the playroom to keep the space clean. All boots must be removed before entering the space.
9. In the case of an emergency, please immediately notify the Center staff and call 911 or the University of Chicago Police at 702-8181. There is a first aid kit in the Center.
10. All violations of these rules or similar incidents (injury, theft, inappropriate behavior, etc.) must be promptly reported to the Center staff.
11. Snacks and beverages are permitted in Room 21 of Center as long as a cleanup occurs afterwards.
12. The Center hours are 9:00 am to 5:00 pm Monday through Friday during the academic year. Only Center-sponsored programming may occur after hours or during the summer. The Center will be closed on all University holidays. Refer to the University calendar for specific dates. If a family delays the closing of the Center at 5:00 pm, charges of \$5 every 15 minutes will be assessed unless there are compelling reasons, as determined by Center staff, for the delay.

EXHIBIT B

DESIGNATION OF CHILD CARE PROVIDERS

I the hereby designate each of the following persons as a "Designated Child Care Provider" for my Child, and I authorize each of these Designated Child Care Providers to provide and be wholly responsible for the care and supervision of my Child:

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| DESIGNATED CHILD CARE PROVIDERS: | |
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