

**DRAFT - ACTIVITY CONSENT FORM AND APPROVAL BY PARENTS OR LEGAL GUARDIAN**

**This form is for the consent and approval of a minor child to use Hive13 facilities.**

\_\_\_\_\_

First name of minor participant      Middle initial      Last name

Birth date (month/day/year) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age during activity \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has approval to participate in Hive13 activity From (Date) \_\_\_\_\_ to (Date) \_\_\_\_\_

**INFORMED CONSENT, RELEASE AGREEMENT, AND AUTHORIZATION**

I understand that use of Hive13 facilities involves the risk of personal injury, including death, due to the physical, mental, and emotional challenges in the activities offered. Information about Hive13 may be obtained by visiting Hive13.org. I also understand that use of Hive13 facilities is entirely voluntary. Guests of Hive13 must follow instructions and abide by applicable rules and standards of conduct.

In case of an emergency involving my child, I understand that efforts will be made to contact me. In the event I cannot be reached, permission is hereby given to the medical provider to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the adult in charge and/ or any physician or health care provider involved in providing medical care to the participant. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

With appreciation of the dangers and risks associated with programs and activities including preparations for and transportation to and from the activity, on my own behalf and/or on behalf of my child, I hereby fully and completely release and waive any and all claims for personal injury, death, or loss that may arise against Hive13, volunteers, related parties, or other organizations associated with any program or activity. List any restrictions imposed on a child participant in connection with programs or activities below and counsel your child to comply with those restrictions.

List participant restrictions, if any: \_\_\_\_\_ None

\_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

Minor Participant’s signature      Date mm/dd/yy

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/guardian printed name      Parent/guardian signature      Date mm/dd/yy

\_\_\_\_\_

Phone (best contact and emergency contact)      Parent Email

Hive13 host  
Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## **PERMISSION SLIP for MINOR GUEST ADMISSION to HIVE13 and PARENTAL INFORMED CONSENT AGREEMENT**

Participation in any activity at the work area provided by Sad Bee, Inc. dba Hive13 (hereafter the "Corporation"), located at 2929 Spring Grove Ave Cincinnati, OH (hereafter the "Location"), may entail risks, hazards and dangers of personal injury, death, disability, or property damage and loss (collectively and hereafter "Damages"). These risks, hazards and dangers are further increased when other persons, whether or not of the same level of experience or skill, are present at the same time and using the same facilities.

As to participation in any activity and as to any and all liability for the Damages which you or your minor child may suffer or incur, due to any cause whatsoever, while in the interior or exterior of the premises of the Location, by signing this form you hereby agree to the following:

### **Waiver and Release of Liability:**

It is my intention to relieve the Corporation, their officers, directors, members, associates, agents, contractors, volunteers, landlords, sponsors, vendors, teachers or exhibitors, or any other person or company in any way associated with them (collectively, "Releasees"), of any duty to me or my minor child, and I assume the entire risk of any of the Damages which might occur during or as a result of my or my minor child's use of or presence at the Location; and

I release, discharge and absolve Releasees from any and all liability for any active or passive negligence whatsoever by Releasees and to waive and relinquish any claim or cause of action against Releasees for any Damages caused by any negligence of Releasees and promise not to sue or exercise any legal right to seek damages from Releasees; and

### **Assumption of Risks:**

I know, understand, and appreciate all risks inherent to my and my minor child's participation. I hereby assert that our participation is voluntary and that I knowingly assume all such risks; and I certify that I and my minor child have no medical condition which would cause participation in activities at the Location to be potentially hazardous to our health. In addition, I give explicit authorization for the Releasees to provide or cause to be provided such medical treatment as may be necessary or appropriate if an injury occurs while at the Location; and

### **Indemnification and Hold Harmless:**

I agree to hold harmless and indemnify Releasees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my or my minor child's participation and to reimburse them for any such expenses incurred; and

I agree to hold harmless and indemnify Releasees from any and all liability for the Damages to any third party resulting from my or my minor child's participation in any activity, including but not limited to, the Activities while at the Location; and

### **Severability:**

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect; and

**Acknowledgment of Understanding:**

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I agree that no oral representations, statements, or inducements apart from this Agreement have been made by the Corporation or Releasees or anyone else with regard to the subject matter of this Agreement; and

I agree that this Agreement shall be effective and binding upon my heirs, next of kin, family, relatives, guardians, conservators, executors, administrators, trustees and assigns in the event of my injury, disability or death; and

I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I affirm that I am at least 18 years of age, mentally competent to sign this liability waiver, and the parent and legal guardian of the aforementioned minor.

In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that use of Hive13 facilities is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of said Minor, I have given;

Minors Full Name \_\_\_\_\_

My consent to participate in use of Hive13 facilities.

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by Hive13 Member in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child. This form must have both parent/guardian signatures. (if applicable)

\_\_\_\_\_  
Parent #1 Printed Full Name

\_\_\_\_\_  
Parent #1 Signature and Date

\_\_\_\_\_  
Parent #2 Printed Full Name

\_\_\_\_\_  
Parent #2 Signature and Date

Phone numbers in case of emergency;

Home \_\_\_\_\_

Business \_\_\_\_\_

Cell Phone \_\_\_\_\_

Hive13 Host Member \_\_\_\_\_

Hive13 Host Phone Number \_\_\_\_\_