



Parental Release and Indemnification Form

Employee Name: _____

Department: _____

I, _____, the legal guardian or parent of _____, will allow him/her to participate in the *“Take Our Kids to Work Program”* at Windsor Regional Hospital on November 6, 2019.

I am aware that *Take Our Kids to Work Program* involves certain risks and dangers inherent to the workplace. I understand that Windsor Regional Hospital, its officers, administrators, employees or their personal representatives are released from any and all actions, claims and demands for damages, loss and injury, arising now or which may hereafter be sustained by me or the participant or both arising out of or in consequence of the attendance or participation by the participant in the Program.

I also acknowledge that Windsor Regional Hospital does not carry medical, personal health, dental, accident and/or personal property insurance coverage with respect to the participant.

I, _____, agree to indemnify Windsor Regional Hospital, its officers, administrators, employees, or their personal representatives from any claims or demands which might be made against Windsor Regional Hospital, its officers, administrators, employees, or their personal representatives arising out of or in consequence of the attendance or participation by the participant in the Program.

I declare that I have read and understood the above Parental Release and Indemnification Form for *“Take Our Kids to Work Program”* in its entirety. I understand and agree to be bound by the terms and conditions. I am aware that by signing this form, I am waiving certain legal rights which I, _____ my heirs, next of kin, or personal representatives may have against Windsor Regional Hospital, its officers, administrators, employees, or their personal representatives.

Signature: _____

Date: _____