



## **Teen and Young Adult Brewer's Game**

**Event:** Teen and Young Adult Brewer's Game

**Location:** American Family Field, Yount Lot: 1 Brewers Way, Milwaukee, WI 53214

**Date:** July 28<sup>th</sup>, 2025 5-7pm (Tailgate); 7:10pm game

**Transportation:** Participants to provide their own transportation

**Description of Event:** A tailgate and Brewer's game for oncology and BMT patients, 12 years and older, (and up to two friends or family members). Participants will enjoy a pre-game tailgate with food and beverages. Transportation and parking costs are not included. Tickets are limited and available on first-come, first-served basis. Please note, Children's Wisconsin does not provide supervision of the participants. If your child needs supervision, please ensure an adult attends with him/her.

**Photographs/Recordings:** I give permission for photographs and/or recordings of me and my child(ren) to be taken by Children's Hospital and Health System, Inc. and/or its affiliated entities (collectively, "Children's Wisconsin") and for Children's Wisconsin to publish my and my child(ren)'s name and photograph/recording. All rights therein are and shall remain the property of Children's Wisconsin, its successors and assigns. Children's Wisconsin may use photographs and/or recordings of participants, without compensation, in any and all forms now or hereafter known (print, website, social media, etc.). Children's Wisconsin is not responsible for photographs and/or recordings taken by others.

### **RELEASE OF LIABILITY**

In consideration of my and my child(ren)'s participation in the activity listed above, I and my child(ren), if I am signing as parent or legal guardian, release Children's Wisconsin, and its respective officers, directors, employees, agents and volunteers ("Children's") from any and all liability or claim for loss, injury or illness that I and my child(ren) may sustain during my and my child(ren)'s participation in this event. I understand that this release applies to myself and my child(ren) and my and my child(ren)'s personal representatives, heirs and assigns, and that this release excludes any harm or loss caused intentionally or recklessly by Children's. I recognize that risks of these activities may include the risks associated with consumption of food, and other risks associated with outdoor events. I and my child(ren) also waive the right I and my child(ren) have to bargain for different release of liability terms.

**I have read this information. By signing this form, I give my permission for me and/or my minor child(ren) to participate in this event and I agree to the terms listed herein.**

**\*Each minor participant must have a parent/legal guardian sign below.**

**\*Each adult participant must also sign below.**

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Signature	Date
Relationship to participant: <input type="checkbox"/> self/adult participant	<input type="checkbox"/> parent/legal guardian of minor participant

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Signature	Date
Relationship to participant: <input type="checkbox"/> self/adult participant	<input type="checkbox"/> parent/legal guardian of minor participant

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Name(s) of participants