



**Oncology/BMT Programs for Teens & Young Adults**  
**Release of Liability**

**Event:** Young Adult Oncology Group Event – Chocolate Making Event  
**Location:** Tabal Chocolate (7515 Harwood Ave. Wauwatosa, WI 53213)  
**Date:** August 22nd, 2024 (6-7pm)  
**Transportation:** Transportation is not provided.

**Photographs/Recordings:** I give permission for photographs and/or recordings of me and my child(ren) to be taken by Children’s and for Children’s to publish my and my child(ren)’s photograph/recording. All rights therein are and shall remain the property of Children’s, its successors and assigns. Children’s may use photographs and/or recordings of participants, without compensation, in any and all forms now or hereafter known (print, website, social media, etc.).

**Medical Clearance:** It is the participant/parent’s responsibility to discuss participation in the event with the participant’s health care provider and to ensure that the participant is medically appropriate to participate in this event.

**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 guardian release Children's Hospital and Health System, Inc. and its affiliated entities, and their 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 exercise, consumption of food/beverages, and other risks associated with outdoor sporting 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 and agree to the terms listed herein.**

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Signature \_\_\_\_\_ Date \_\_\_\_\_  
Relationship to participant:     self/adult participant     parent/legal guardian of minor participant

Name of minor participant: \_\_\_\_\_

Name of adult participant: \_\_\_\_\_