

Child's Name _____

HENDRICK HOSPICE CARE, INC. CLUB COURAGE LIABILITY RELEASE

_____ is my child and is now under my care and control as (Parent) (Managing Conservator) (Guardian of the Person). I realize that Club Courage (the "Club") sponsored by Hendrick Medical Center/Hendrick Health ("HMC"), Hendrick Hospice Care, Inc. ("Hospice"), and Children's Miracle Network ("CMN") is specifically for the benefit and development of children who have suffered loss due to divorce, death or other significant loss and allows them to work and play with individuals experiencing the same and/or similar problems associated with such loss. In consideration of my child being permitted to attend the club and participate in all activities, I agree to assume full and complete responsibility for any injury or accident which may occur during my child's attendance at the club. I hereby further agree to hold no party connected with the club, including Hospice, HMC, CMN, and their affiliates, and their officers, directors, trustees, agents, employees, volunteers, servants and representatives, responsible for any injury or sickness to my child during attendance at the club and the child's participation in any activities.

Further, in consideration of the foregoing, I hereby release Hospice, HMC, CMN, and their affiliates, and their officers, directors, trustees, agents, employees, servants, physicians, nurses, counselors, volunteers and any and all other persons, whether named herein or not, from any and all liability and responsibility in connection with my child's attendance at club, and hereby release all of said parties from all liability by reason of any accident, injury or illness suffered by said child while at the club or participating in any of the club activities.

Further, for and in consideration of the foregoing, I agree to indemnify and forever hold harmless any party connected with Hospice, HMC, CMN, and their affiliates, and any and all persons connected therewith, including those referred to above, from any and all liability of whatever nature and by whomever asserted as a result of any illness or injury to my child arising from and growing out of attendance at the club and participating in any of its activities, whether caused by negligence of club personnel or any other persons or entities associated with the club.

Signature of Parent, Managing
Conservator, or Guardian

Printed Name of Parent, Managing
Conservator, or Guardian

Date

Witness Signature