



## **Prom Consent and Release of Liability Form**

**Location:** Children's Hospital of Wisconsin lobby/Café West area

**Date:** Friday, June 5<sup>th</sup> from 6PM to 9PM

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

**Description of Event:** This event will take place for teens (ages 12-21) who are both inpatients and outpatients of Children's Wisconsin. Prom will take place in our Main Lobby/Café West area at the hospital. The night will consist of dinner, dancing, music and activities. This event is completely free of charge for all attendees.

**Activities:** Activities that may be offered include, but are not limited to the following:

**Meals:** Food will be provided at no cost to attendees; food is provided via Children's Wisconsin Sodexo catering.

**Medical Clearance:** It is the parent/legal guardian's responsibility to discuss their child(ren)'s participation with their child(ren)'s health care provider and to ensure that their child(ren) are medically appropriate to participate in the event.

**Behavioral Expectations:** To promote a safe environment, the following guidelines must be followed. Participants are expected to participate with limited supervision. This means that your child(ren) must be able to manage their own behaviors and act in the following respectful, safe and responsible manner:

- Be respectful to others. Use appropriate language.
- Be responsible for own belongings and actions. Not damage property or hurt themselves or others.
- Manage own allergies.
- Listen and follow directions.
- Maintain a positive attitude.
- Manage hygiene needs independently.
- Not smoke, vape or use alcohol or illegal drugs. If a participant appears to be under the influence of alcohol or any other controlled substance, or exhibits inappropriate behavior, he/she will not be allowed to participate in the Prom and their parent/legal guardian will be contacted to immediately pick him/her up.
- Not have weapons or exhibit any other illegal behavior.
- Not bring external food, drink, or drink containers into the Prom.
- All participants must remain at the Prom until its conclusion at 9:00 p.m. Prom participants must be picked-up by a licensed driver by 9:00 p.m.
- All participants must have a release of information form on file signed by their parent or legal guardian.

I understand that it is my responsibility to determine whether my child(ren) can adhere to these behavioral expectations. I also understand that if my child(ren) is/are unable to demonstrate the appropriate behaviors and/or cause(s) disruption or an unsafe environment, I will be required to pick my child(ren) up immediately upon notification. Additionally, I am responsible for all damage caused by my child(ren).

**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 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 (collectively, "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 exposure to amplified music, dancing, lighting equipment, consumption of food, and recreational activities. I and my child(ren) also waive the right I and my child(ren) have to bargain for different release of liability terms.

**Prom Participant Information:**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other Needs: \_\_\_\_\_

**Parent/Legal Guardian Information:**

**Parent/Legal Guardian #1**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Telephone number where parent/legal guardian can be reached during the event:  
\_\_\_\_\_  
Alternate telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**Parent/Legal Guardian #2**

Name: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_  
Telephone number where parent/legal guardian can be reached during the event:  
\_\_\_\_\_  
Alternate telephone number: \_\_\_\_\_  
Address: \_\_\_\_\_

**I have read this information. By signing this form, I give my permission for 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.**

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