Liability and Photo Release
Authorization Disclosure

As a requirement of participation at the Cool Kids Campaign, Lewes Condo the following must be completed in full by a parent or guardian.

**Liability Release:** The undersigned individually, jointly and on behalf of the patient and other guests during the patient’s stay (the “participants”) understands that involvement in the Lewes Condo may involve risk of injury or harm to the participants and that all risk is fully assumed by the undersigned. The undersigned both individually, jointly and on behalf of the patient and the participants does hereby agree to release, forever discharge, and hold the Cool Kids Campaign Foundation, Inc., their directors, officers, employees, agents, volunteers, successors and assigns harmless from and against any and all actions, causes of action, liability, claims and demands for, any damages and claims of any kind whatsoever, whether known or unknown, in connection with or arising from any incident(s) or occurrence(s) during the patient’s and participants’ participation or consideration of participation at Cool Kids Campaign, Lewes condo.

**Authorization to Disclose and Obtain Medical Information:** The patient or parent(s) or legal guardian(s) give the Cool Kids Campaign Foundation, Inc. authorization to obtain all medical information with the Cool Kids Campaign Foundation may feel is necessary for the consideration or participation at the Care Condo. The patient or parent(s) or legal guardian(s) authorize all of the patient’s physicians and medical care providers to provide the Cool Kids Campaign Foundation, Inc. with all medical information regarding the patient who is applying.

**Authorization for Disclosure to Third Parties:** The patient or parent(s) or legal guardian(s) understand and agree that the Cool Kids Campaign Foundation, Inc. may disclose their patient’s identifying information to a third party in order for the third party to provide notices to the parent(s) or legal guardian(s) such as when some unforeseen issue occurs whereby we need to cancel.

**Authorization Regarding Publicity:** It is understood and agreed that participation in the Cool Kids Campaign, Lewes condo program may result in publicity and that in order for the Cool Kids Campaign to continue its services it is helpful to portray patients and families using Cool Kids Campaign programs in a positive way in brochures, newsletters, website, and social media. The undersigned both individually and on behalf of the patient and participants authorize the Cool Kids Campaign to use the name of the patient/family for publicity and promotional purposes.

**Authorization Regarding Photo:** Due to the nature of the Cool Kids Campaign Foundation, Inc. publicity is sometimes unavoidable. Although the Cool Kids Campaign Foundation, Inc. cannot control outside media, the undersigned as the patient, parent(s) or legal guardian(s) of the patient, by checking below, may grant or deny permission for the Cool Kids Campaign Foundation, Inc. to use photographic images of the patient, and/or family members and participants in the Cool Kids Campaign Foundation, Inc. promotional materials such as brochures, newsletters, websites, press releases and other means.

The undersigned understand and agree that if they deny permission, the Cool Kids Campaign Foundation, Inc. will use its best efforts to prevent use of the photographic images but cannot make any guarantee with respect to publicity.
Please complete and sign below. Please place a check in the appropriate box.

_____ I grant

_____ I deny

Permission for the Cool Kids Campaign Foundation, Inc. to use a photographic image of the patient and/or family and participants in promotional materials.

The Liability Release and Authorization to Disclose Information contains the entire agreement between the patient or parent(s) or legal guardian(s) and the Cool Kids Campaign Foundation and that the terms hereof are contractual and not a mere recital. By signing below, the patient, or parent(s) or legal guardian(s) of the patient acknowledge they have read, understand and consent to the terms set forth herein.

Patient’s Name____________________________________________________________

Date of Birth______________________________________________________________

Diagnosis of Patient________________________________________________________

Home Address_____________________________________________________________

City_______________________________________State________________Zip________

Parent phone_______________________Parent email_____________________________

If a child has two parents or legal guardians, both must sign below and be 25 years of age or older

Parent/guardian Print Name____________________________________________

Parent/guardian Signature______________________________________________Date____________

Parent/guardian Print Name_____________________________________________

Parent/guardian Signature______________________________________________Date____________