INFORMED CONSENT AND LIABILITY WAIVER RELEASE

I, the parent or legal guardian of _____ agree and consent to the following:
Child's Full Name

I am voluntarily allowing my child to participate in the Vision Van mobile vision clinic (hereafter, the "Program") conducted as a collaboration between the Foundation for Appalachian Ohio, Ohio Optometric Foundation and nonprofit provider Vision To Learn, and held at Bossard Memorial Library. I understand that, in order for my child to participate in the Program, I :

1. Must provide transportation to and from the Program.
2. Must complete the "Mobile Vision Services Consent and Release Form."
3. Must sign an informed consent and liability waiver release form for Bossard Library

I understand that it is my responsibility to consult with a physician before and regarding my child's participation in the Program. I represent and warrant that my child has no medical condition that would prevent his/her participation in the Program.

I affirm that my child meets these requirements and will comply with these requirements while participating in the Program.

I understand and acknowledge that my child's participation in the mobile vision clinic carries with it significant and serious risks of personal injury or death. In addition, I understand that my child's participation in the mobile vision clinic involves activities incidental thereto, including, but not limited to, the possible reckless conduct of other participants. I hereby expressly assume these risks and release Bossard Memorial Library from all liability for injury, illness, death, or property damage resulting from my child's participation in the Program. I agree to assume full responsibility for any risks, injuries (including death), damages, or loss, known or unknown, that my child might incur as a result of participating in the Program.

In consideration of my child being permitted to participate in the Program, I knowingly, voluntarily, and expressly waive any claim I may have against the Bossard Memorial Library for injury, damages, loss, or death that may be sustained as a result of my child's participation in the program.

Further, I, my heirs, executors, administrators, and personal representatives forever release, waive, discharge, and covenant not to sue the Bossard Memorial Library for any injury, damages, loss, or death caused by their negligence or other acts. I further agree for myself, and my heirs, executors, administrators, and personal representatives, that should any claim for injury, damages, loss, or death of any kind and description for my child's participation in the Program be prosecuted against Bossard Memorial Library, I shall indemnify and hold harmless Bossard Memorial Library from any and all such claims or causes of action by whoever made or whenever presented.

I have read the above informed consent and waiver and release of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. I agree that this waiver and release are intended to be as broad and inclusive as permitted by the laws of Ohio. This release shall be binding upon my heirs, executors, successors, and personal representatives.

Child's Full Name: (Participant's Name) : _____

_____ _____

Parent/Guardian's Signature Date

Parent/Guardian's Printed Name:

_____