

**FOR PARENT/LEGAL GUARDIAN OF PARTICIPANTS OF MINORITY AGE**

This is to certify that I, as a parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my child and our heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES to the fullest extent permitted by law.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/LEGAL GUARDIAN SIGNATURE (print name)

Use this section if you would like to leave a comment or question for Shining Star Health Center.

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*Please send this form by email to* [*shiningstarhc@gamil.com*](mailto:shiningstarhc@gamil.com) *or bring the form along with you.*