

GENERAL RELEASE

PARENT AND/OR GUARDIAN

As a parent and/or guardian of a child registered at The Children's Inn at NIH, Inc., I understand that I am responsible for supervising my child's activities and protecting the general welfare of my child on and off these premises throughout his/her stay. I further understand that, as a non-profit, charitable organization, The Children's Inn at NIH, Inc., is attempting to provide my child with as safe and secure an environment as possible. I accept my responsibilities for reviewing and following The Children's Inn at NIH, Inc., emergency procedures, resident policies, and all other material pertaining to health and safety.

In appreciation of the above, and in consideration of the acceptance of my child at The Children's Inn at NIH, Inc., I agree to assume the risk for any injuries that my child or any member of my family may sustain while on the premises of The Children's Inn at NIH, Inc. I also agree to release The Children's Inn at NIH, Inc., and its directors, officers, employees and volunteers, from any claims or damages that may result from any personal injury that may occur to any member of my family while engaged in any activities on the premises or in activities and field trips sponsored by The Children's Inn at NIH, Inc. outside the NIH premises. I understand that I am responsible for what my child or any member of my family may access via the Internet or on cable television while staying at The Inn. I understand that any contact between directors, officers, employees or volunteers and resident children/families which occurs outside of The Inn or its sponsored events or activities is neither sanctioned nor encouraged by The Children's Inn at NIH, Inc.

I understand that I am responsible at all times for supervising my child's activities in all areas of The Children's Inn at NIH, Inc., including but not limited to the playground, indoor play area, kitchen and other common area. I understand that playground, play area and kitchen accidents occasionally occur, and I agree to assume any and all risks for my child's activities in these and all other areas of the premises and to release and hold harmless The Children's Inn at NIH, Inc., and its directors, officers, employees and volunteers, for any claims or damages that may result from any personal injury.

I understand that The Inn has strict rules prohibiting the stay of individuals who have conditions that may impact the health and safety of other residents. Examples of such conditions include varicella ("chicken pox"), herpes zoster ("shingles"), respiratory syncytial virus ("RSV") and influenza ("flu"). I understand that if my child or a family member is diagnosed with a condition that may pose a danger to the health of other Inn residents, arrangements will be made for accommodations in a local hotel. I also understand that I may be requested to consent to the release of medical information by Clinical Center or Emergency Room medical staff to allow Hospital Epidemiology to make a determination about medical clearance to return to the Inn.

In addition, it is agreed that The Children's Inn at NIH, Inc., and its directors, officers, employees and volunteers, shall not be liable for any loss or damage to the personal effects of individuals registered at The Children's Inn at NIH, Inc., or their families and visitors while on the premises, including loss or damage by water, fire or theft.

Dates: _____

Parent or Guardian

Patient's Name