Exhibit A

AUTHORIZATION AND RELEASE

(Must be completed by parent or legal guardian. Please print clearly.)

Minor's full name:				Date of Birth:	Sex:	
	Last Name	First Name				
Address			City:		_ State:	Zip:
In case of emergence	zy, notify (Name)			Relation to Minor:		
Phone number(s):						

PLEASE READ THIS CAREFULLY BEFORE SIGNING

This Authorization and Release addresses the risk of illness or injury associated with the Summer Youth Program (the "Program") at Crozer Keystone Health System. It has important legal consequences. The final decision to permit your Minor to take part in the Program should only be made after you read and fully understand the terms and conditions of this Authorization and Release and wish to be bound and have your child bound by same. For convenience and clarity, the term "I" refers to you, the signer, (or each of you), "Minor" refers to your child whose name is written above, "Hospital" refers to the Crozer Keystone Health System and its directors, affiliates, agents and employees.

- 1. **I represent and warrant** that I am the parent or legally appointed guardian of the Minor named above.
- 2. **I hereby consent to** the participation of the Minor named above in the Program at Hospital.
- 3. In the event that Minor is in need of emergency first aid treatment while Minor is participating in the Program, **I hereby authorize** the Hospital to render any first aid treatment. Further, in the event that Minor requires additional medical attention, I grant the Hospital permission to have Minor transported to an emergency medical facility to receive emergency treatment. In the event that I cannot be immediately contacted, I hereby give my consent to allow any necessary emergency medical and/or surgical treatment to be performed on Minor.
- 4. **I hereby,** voluntarily, for myself and Minor, and my and his/her heirs, executors, administrators and assigns, waive and release any claims or charges against the Hospital and its employees, agents, representatives, successors, assigns, directors and affiliates, arising out of any damages, injuries or losses that Minor may suffer during or after and in any way related to Minor's participation in the Program.

I have carefully read this Authorization and Release and fully understand its contents. All my questions have been answered satisfactorily. I sign this Authorization and Release of my own free, voluntary and intentional action and intend it to be legally binding.

Signature of Parent or Legal Guardian

Date

Signature of Parent or Legal Guardian

Date

Exhibit A AUTHORIZATION AND RELEASE

Name of High School			
Address:	_City:	State:	_Zip:
Phone Number:			
Contact Person			