



Hoffman Estates Park District
Permission to Apply Ointment/Sunscreen
Waiver and Release Of All Claims

The Hoffman Estates Park District will not apply any ointments to a minor child or other participant until the Permission and Waiver to Apply Ointment/Sunscreen form has been fully completed by a parent or guardian.

Name of Program: _____ Date: _____

I _____, parent/guardian of _____, give permission to the staff of
 (Parent Name) (Child's Name)

Hoffman Estates Park District to apply _____ to my child.
 (Ointment/Sunscreen)

I understand it is my responsibility to give the ointment/sunscreen directly to the program staff in their original containers clearly labeled with the following information.

Participants Name: _____

In all cases of ointments/sunscreens, the program staff will apply sunscreen no more than twice per day, once in the morning and once in the afternoon. I give my permission to the Hoffman Estates Park District to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary to immediate care. I agree to be responsible for payment of any and all medical services rendered.

Waiver & Release Of All Claims

I recognize and acknowledge that there are certain risks of physical injury in connection with applying ointments/sunscreen to my minor child. Such risks include, but are not limited to, rashes, hives, redness or irritation of skin, stinging, burning, and dryness.

In consideration of the Hoffman Estates Park District applying ointment/sunscreen to my minor child, I do hereby fully release or discharge the Hoffman Estates Park District and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my minor child may have (or accrue to me or my minor child) and arising out of, connected with, incidental to or in any way associated with the applying of ointment/sunscreen.

Signature of Parent or Guardian

Date