Overnight Child Release Form

I, _____ as parent/guardian of _____, who is a participant in LEGOLAND Discovery Center Chicago's "Build Your Dreams" Overnight Program, hereby execute this consent for and on behalf of the minor and our executors, administrators, heirs, next of kin, successors and assign as to the terms of the consent. I represent that I have the legal capacity and authority to act for and on the behalf of the minor named herein, and I agree to indemnify and hold harmless LEGOLAND Discovery Center Chicago, it's parent, subsidiary and affiliated companies and their respective officers, directors, agents, servants, employees and assigns against any claims made or liabilities assessed against them as a result of 1) any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of this consent, and 2) any treatment of the minor by any medical provider as hereinafter defined.

I understand that LEGOLAND Discovery Center Chicago will make all reasonable efforts to provide for the safety and wellbeing of my child. However, I also understand that injuries can occur in normal course of play or creative activities with other children. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of or relating to the LEGOLAND Discovery Center Chicago "Build Your Dreams" Overnight Program or any related activities. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries and any related conditions of said minor that may be encountered during the course of the program. I realize and appreciate that there is a possibility of complication and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I acknowledge that no warranty is being made as to the result of any medical treatment. I also understand that I am responsible for payment of any medical expenses, including the transportation charges, incurred by my child as a result of his or her visit to LEGOLAND Discovery Center Chicago.

Do you carry family medical/hospital insurance? _____ Yes _____ No

If so, indicate: Carrier _____ Policy or Group Number: _____

_____ _____

LEGOLAND Discovery Center Overnight Date — Name of Chaperone / Leader Accompanying my Child

_____ _____ _____

Child's Name (Last, First, Middle Initial) — Sex — Date of Birth

_____ _____

Parent or Guardian Name — Telephone Number

In case of emergency and the parent or guardian cannot be reached, please call the person(s) listed below:		
1) Name:	Relation:	Phone:
2) Name:	Relation:	Phone:

Are there any allergies or serious medical problems for the child listed above? _____ Yes _____ No

If so, indicate:

_____

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