



**INFORMED CONSENT AND RELEASE FOR  
OUR LITTLE VILLAGE|DIXON DROP-OFF CHILD CARE CENTER**

I, \_\_\_\_\_, hereby certify that I am the natural or legal guardian of the minor child(ren): \_\_\_\_\_.

I authorize Oregon State University its officers, agents and employees acting through the Associated Students of Oregon State University ("OSU") to provide temporary care, custody, and control over my child(ren) during the times in which I place my child(ren) with Our Little Village|Dixon Drop-off Child Care Center ("Our Little Village").

I understand that I must remain, at all times, on the OSU main campus while Our Little Village provides child care services to my child(ren). I further understand that Our Little Village will provide me with a pager when I drop off my child(ren). If I am leaving the Dixon Recreation Building, I must have a personal cell phone for Our Little Village staff to get ahold of me on. I understand that I must have the pager or cell phone with me at all times during my child(ren)'s stay at Our Little Village and that I must respond immediately to Our Little Village if I am paged/called during my child(ren)'s stay at Our Little Village. I understand that violation of these rules will disqualify me and my child(ren) from further visits to Our Little Village.

In case of emergency and I cannot be timely reached, I further authorize OSU, its officers, agents, and employees acting through Our Little Village to obtain such emergency medical attention for my child(ren) as may appear reasonably necessary in my absence. I understand that said treatment may be carried out within or without Our Little Village facilities. I further understand and agree that I will be financially responsible for all charges and fees incurred in rendering said emergency treatment, regardless of whether my medical insurance would cover such charges and fees.

I will disclose any medical, physical, mental, or emotional health conditions that would require Our Little Village to render special care or assistance to my child(ren) or that would pose any risks to other children at Our Little Village. I understand that Our Little Village may not be able to provide such special care or assistance and may, therefore, not be able to host my child(ren).

I grant permission to Our Little Village to use my child(ren)'s name(s) and image(s) for the purpose of publicity, public relations, editorial, or other advertising purposes.

I hereby waive any right to claims, damages, or other legal relief which may arise from injury to me, my child(ren), or my property from the acts or omissions of OSU, its officers, agents, and employees acting through Our Little Village. In consideration of the services provided to myself and my child(ren) by Our Little Village, I agree to indemnify and hold harmless OSU, its agents, and employees acting through Our Little Village with respect to any loss of any kind suffered by OSU or any third person as the result of my child(ren)'s visit or use of services at Our Little Village.

I understand that the terms of this Informed Consent and Release will apply to each occasion my child(ren) or I visit or use the services of Our Little Village.

**I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO THIS AGREEMENT AND RELEASE OF LIABILITY.**

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_