



Sunshine Pediatrics of Florida

Bringing Sunny Smiles To Children From 0-21 Years

Waiver/Consent Form

MEDIA RELEASE:

I _____ (patients above 18 or legal guardian) hereby grant and authorize Sunshine Pediatrics the right to take, edit, copy, publish, and make use of any and all pictures or videos taken or given by Sunshine Pediatrics. I grant this facility to use these documentations in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, advertisements, websites, social networking sites and other digital communications, without payment or any other communication.

Signature of patient (if applicable)

Date

PARENTAL CONSENT

I certify that I am the parent or guardian of _____ (patients name), a minor under the age of 18 years old. I agree to assume legal responsibility for his/her authorizations referred to in this media release form.

Parent First and Last Name

Date

Signature of Parent



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LIABILITY OF INJURY AND ILLNESSES WAIVER

For and in consideration of good and valuable consideration, including, but not limited to, CPR and First Aid instruction and certification, the receipt and sufficiency of which is acknowledged hereby, I hereby waive my rights to all claims for injuries that I may sustain arising out of the CPR instruction or any subsequent activities arising therefrom. I further agree to hold harmless Sunshine Pediatrics of Florida for all injuries, be them physical, fiscal or otherwise, that I may inflict upon others as a result of the CPR instruction.

I understand that although Sunshine Pediatrics of Florida does their best to sanitize their surrounding areas for the safety of their patients, I recognize and acknowledge that there are certain risks such as contracting COVID 19 or other illnesses. I recognize and acknowledge that there are certain risks of physical injury or illnesses involved in attending a CPR instruction course, and I agree to assume the full risk of injuries, illnesses, including death, damages or losses which I may sustain as a result of attending a course of CPR instruction with Sunshine Pediatrics of Florida. I agree to waive and relinquish any and all claims I may have arising out of, or connected with, said course, whether they relate to injuries to myself or others.

I do hereby fully release and discharge Sunshine Pediatrics of Florida, its officers, agents and employees from any and all claims from injuries, including death damage or loss, which I may have as a result of this course.

I have read and fully understand and agree to the above stated conditions of participation in this Program.

If participant is above the age of 18 years old:

Participant Signature

Date

If participant is a minor:

PARENTAL CONSENT

I certify that I am the parent or guardian of _____ (patients name), a minor under the age of 18 years old. I agree to assume legal responsibility for his/her

authorizations referred to in this media release form.

Parent First and Last Name

Date

Signature of Parent