



MINOR RELEASE AND INDEMNIFICATION

In consideration of University Orthopedics, INC. (UOI) allowing my minor child _____, to be treated by UOI's physicians or non-physician clinicians although the child is unaccompanied by a parent or guardian, I, on behalf of myself, my child and my successors, heirs and assigns, hereby release UOI, its physicians, non-physician clinicians, officers, employees, agents from any and all liability related in any way to treatment rendered to my child or to any other circumstance related to my child being unaccompanied in UOI's offices. I also agree to be liable for any and all damage caused by child and to indemnify UOI, its physicians, non-physician clinicians, officers, employees, agents, against any and all claims, whether at law or in equity, relating in any way to treatment rendered to my child or to any other circumstance related to my child being unaccompanied in UOI's offices. I understand that UOI reserves the right to withdraw permission at any time for my child to receive treatment in UOI's offices while unaccompanied by a parent or guardian.

Parent/Legal Guardian Signature

Witness Signature

Print Name

Date