



**Lions of Illinois Foundation**  
**PERMISSION SLIP FOR HEARING SCREENING**  
**For Children Ages 10-17**

Child's Name: \_\_\_\_\_  
(please print)

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Parent/Guardian Consent to Hearing Screening

I hereby certify that I am the parent or legal guardian of the child identified above as a registrant for the Lions of Illinois Foundation (the "Foundation") Hearing Screening Program. I hereby give my permission for my child to participate in that hearing screening program. I understand that my child will undergo a basic hearing test conducted by the Lions of Illinois Foundation. I also understand that interested volunteers may assist the technician with certain aspects of the test and that no physician or audiologist will be present during my child's hearing screening test.

Acknowledgement of Limited Nature of Hearing Screening Test

I understand that the hearing screening test which my child will receive will be a very basic test of hearing sensitivity and will not be equivalent to a medical examination of my child's ears or to a comprehensive testing of my child's hearing. I understand that many types of ear or hearing problems might not be detected by this screening test. Therefore, I understand that my child should have ear examinations and hearing tests by competent professionals on a regular basis even if this screening test indicates no current hearing problems. I also understand that it will be entirely my responsibility to obtain further testing and/or treatment in the event that this screening test indicates that my child might have a significant hearing problem. I acknowledge that the Foundation does not provide any health, disability, or life insurance coverage for my child, and I am expected and encouraged to have my own health insurance coverage for purposes of further testing and/or treatment of my child. The Foundation does not assume any responsibility for reimbursing me for any medical expenses or any other losses incurred in connection with my child's participation in the hearing screening program, including but not limited to any screening test indicating that my child might have a significant hearing problem.

Waiver, Release and Indemnification Agreement

I, on behalf of myself and my child, as well as my/our agents, assigns and heirs, fully and unconditionally waive, release and forever discharge and hold harmless the Foundation and Lions International, and their respective officers, members, employees, agents, contractors, staff and volunteers, for any and all injuries, losses and damages arising out of or in any way related to the hearing screening program, including but not limited to all claims, causes of action, judgments, costs and expenses of any sort that may arise from my child's participation in such activities associated with the hearing screening program.

I hereby agree to indemnify, defend and hold harmless the Foundation and Lions International, and their respective officers, members, employees, agents, contractors, staff and volunteers from and against any and all liabilities, claims or demands which may be asserted against any or all of them in connection with my child's participation in the hearing screening program.

**(Parent/Guardian Must Sign)**  
**700 N Peace Rd, Suite**  
**B DeKalb, IL 60115**  
**815-756-5633**

I HAVE READ THIS CONSENT FORM AND I UNDERSTAND THAT IT IS A RELEASE AND WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. BY SIGNING THIS FORM, I UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, AND I HAVE SIGNED THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

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

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

*(Signature Page to Permission Slip for Hearing Screening for Children Ages 10-17)*

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