

VISITATION RELEASE FOR ADULT WITH MINOR

Name of Offender visiting: _____
(Please Print)

I am the parent or guardian of _____
("Minor") whose date of birth ("Minor") is _____ and have the right to act for
and on behalf of the Minor. I agree to have the Minor visit the Corrections Center of Northwest
Ohio ("Corrections Center").

In exchange for permitting the Minor to visit the Corrections Center, I, for myself, for the
Minor, and for any other persons whom I have the right to legally bind or on whose behalf I have
the right to act, release and discharge the Corrections Commission of Northwest Ohio ("CCNO")
and its members, commissioners, officers, employees and agents from any claims, and waive
any claims against any of the foregoing, arising out of or relating to any injuries (including death)
or damages to the Minor or the Minor's property or arising out of the Minor's visit. This release
and waiver includes, but is not limited to, any claims arising out of any first aid, medical treatment
or medical service rendered to the Minor during the Minor's visit to the Corrections Center. This
release and waiver covers all visits by the Minor.

I understand that this release is intended to be as broad and inclusive as permitted by
Ohio law. If a court determines that any part of this release and waiver is not enforceable, the
release and waiver will be enforceable to the greatest extent permitted by Ohio law. I have
carefully read this release and waiver and understand what it means.

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Signature of Parent/Guardian

Date: _____

Date: _____

Printed Name of Witness

Signature of Witness:

Date: _____