

# **Joyful Sparks Playgroup**

## **WAIVER AND RELEASE OF LIABILITY**

### **1. Assumption of Risk**

I, the undersigned parent or legal guardian of the participant, acknowledge that participation in the Joyful Sparks program involves certain inherent risks, including but not limited to accidents, injuries, or other unforeseen incidents. I voluntarily accept and assume full responsibility for any risk of harm, injury, or loss arising from or related to my child's/dependent's participation in this program.

### **2. Release and Waiver of Liability**

In consideration of my child's/dependent's participation, I hereby release, discharge, and hold harmless *Compass Community*, its staff, volunteers, pastors, agents, and affiliates (collectively, "Releasees") from any and all liability, claims, demands, or causes of action arising from any injury, illness, or damage incurred during or as a result of participation in the program, whether caused by the negligence of the Releasees or otherwise.

### **3. Indemnity Agreement**

I agree to indemnify and hold harmless the Releasees from any claims, demands, damages, or legal actions, including reasonable attorney fees and court costs, arising out of or in connection with my child's/dependent's participation in the program.

### **4. No Legal Action**

I understand and agree that neither I, my child/dependent, nor anyone acting on our behalf shall commence or pursue any legal action, lawsuit, or claim against the Releasees for any matter related to the program.

### **5. Medical Emergencies**

I authorize the program's staff or volunteers to seek medical treatment for my child/dependent in the event of an emergency. I understand that I am solely responsible for any medical expenses incurred as a result of such treatment.

### **6. Representation of Understanding**

I confirm that I have read and fully understand this Waiver and Release of Liability. I acknowledge that I am signing this agreement voluntarily and that I am of legal age and have the legal authority to do so.

## CONSENTS

### 1. Consent to Emergency Medical Treatment

In the event of a medical emergency involving my child/dependent during program activities, I authorize Compass Community staff or designated volunteers to seek and obtain necessary medical treatment on my behalf. I understand that I will be informed as soon as possible and that I am responsible for any related medical expenses incurred.

### 2. Consent to Behavioral Agreement

I consent that my child/dependent will participate in the program in a manner that respects the safety and well-being of staff, volunteers, and fellow participants. I understand that staff and volunteers will provide support and patience, but if behavior poses a safety risk or significantly disrupts the program, the staff reserve the right to take appropriate action, including temporary or permanent removal from the program to ensure everyone's well-being.

### 3. Consent to Food Allergies / Food Management

I consent to Compass Community providing snacks or meals during the program. I have informed the organizers of any allergies, dietary restrictions, or special dietary needs for my child/dependent. I understand that while staff will take reasonable precautions to accommodate these needs, there is a risk of accidental exposure, and I agree to hold Compass Community harmless in the event of an allergic reaction.

### 4. Consent to Outdoor Activities and Off-Site Outings

I give permission for my child/dependent to participate in supervised outdoor activities and off -site outings organized by Compass Community's Joyful Sparks playgroup, including but not limited to visits to nearby parks, playgrounds, and other community locations. I understand that all reasonable safety precautions will be taken and that my child/dependent will be supervised at all times. I acknowledge that participation in such activities involves some inherent risks, and I agree to hold Compass Community, its staff, and volunteers harmless from any liability arising from these activities, except in cases of gross negligence or willful misconduct.

### 5. Consent to Photo/Video use

I grant permission for Compass Community to photograph, record, and/or video my child/dependent during program activities. I understand that

these images or recordings may be used, without compensation, for promotional purposes including (but not limited to) social media, websites, printed materials, and presentations. I further understand that my child/dependent's face will not be shown directly or in a clearly identifiable way unless I provide separate written consent. I waive any right to inspect or approve the final materials.

6. Consent to Contact

I authorize Compass Community to include my contact information in its mailing list and WhatsApp group(s). I understand that these communication channels will be used exclusively for sharing updates, schedules, and announcements related to Compass Community and its programs. I acknowledge that I may unsubscribe from the mailing list or leave the WhatsApp group(s) at any time.