

THE CIRCLE

Participant Waiver & Release of Liability (Site-Specific)

Participant Name:

Date of Birth:

Guardian/Provider Name (if applicable):

Organization (if applicable, e.g., ResCare):

Phone Number:

Email Address:

Host Church/Site Location:

1. Program Participation

I give permission for the above-named participant to take part in **The Circle**, a community-based program hosted at various partner church locations. Activities may include social interaction, life skills, creative activities, and light to moderate physical activities (such as games, movement-based activities, or community-style gatherings).

2. Acknowledgment of Risk

I understand that participation in program activities may involve inherent risks, including but not limited to minor injuries such as slips, falls, or physical exertion. Activities may vary by session and include both sedentary and active components.

I acknowledge that participation is voluntary and that reasonable precautions will be taken to provide a safe and supportive environment.

3. Release of Liability

In consideration of participation in The Circle, I agree to release and hold harmless:

- The hosting church listed above, including its staff, volunteers, and representatives
- The Circle program, its organizers, and volunteers

from any and all liability, claims, or demands arising out of participation in program activities at this specific site, except in cases of gross negligence or willful misconduct.

4. Supervision Acknowledgment

I understand that participants attend The Circle with a parent, guardian, or provider who remains responsible for their supervision, care, and support during program activities.

5. Site-Specific Acknowledgment

I understand that this waiver applies only to participation at the host church/site listed above and that a separate waiver may be required for participation at other locations.

6. Participant/Guardian Agreement

I am the participant and am able to consent to participation.

I am the legal guardian or authorized representative providing consent on behalf of the participant.

I have read and understand this waiver and agree to the terms outlined above.

Signature: _____

Printed Name: _____

Date: _____

7. Emergency Contact

Name: _____

Phone Number: _____

