



2023/24 COF Participant Waiver

It takes **TWO** to make a friendship. It takes just **YOU** to make a difference.

DATE	August 2023 – May 2024
ACTIVITY	COF Monday/Wednesday Program
PLACE	Good Stewards Church, Various Parks, etc.

COF Participant/Parent Consent

In consideration of the benefits and opportunities afforded to myself or my child/ward through participation in Circle of Friends, the undersigned participant/parent/guardian states as follows:

1. I hereby agree to release Circle of Friends from any liability for any accident, injury, or illness suffered by myself or my child/ward at, during, or in connection with any Circle of Friends activities.
2. I authorize Circle of Friends, to obtain medical treatment for myself or my child/ward in the event of injury or illness in connection with a Circle of Friends activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Circle of Friends activity, if myself or my child/ward is riding in a private passenger automobile which is involved in an accident, he/she may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.

NOTE: The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with any Circle of Friends activity.

Name of Participant

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Participant/Parent contact #

Signature of Participant or Parent/Guardian if under 18

Date