

AGREEMENT TO PARTICIPATE AND RELEASE OF LIABILITY

In order to participate in Community of Faith Preschool program activities, your consent to release the COF Preschool program from any liability; including liability as a result of the COF Preschool's own negligence, is required by the parent or legal guardian of a minor Child/Children. Absent completion of all documentation, participation in the COF Preschool activities is prohibited.

“I UNDERSTAND THAT EACH PARTICIPANT MUST ASSUME THE RISK OF INJURY, PHYSICAL AND/OR EMOTIONAL AND ANY FINANCIAL RESPONSIBILITY THAT COULD RESULT FROM ATTENDING THE MOTHER’S DAY OUT PROGRAM AND PARTICIPATING IN ANY PROGRAM ACTIVITY. I AGREE TO ASSUME SUCH RISKS AND SUCH RESPONSIBILITY. I, ON MY BEHALF, AND ON BEHALF OF MY HEIRS AND ASSIGNS, HEREBY RELEASE, DISCHARGE, INDEMNIFY AND HOLD COMMUNITY OF FAITH PRESCHOOL HARMLESS FROM ANY AND ALL CLAIMS, PHYSICAL AND EMOTIONAL, INCLUDING BODILY INJURY, I SUSTAIN IN MY CHILD/CHILDREN’S CONNECTION WITH THEIR ATTENDANCE AT COMMUNITY OF FAITH PRESCHOOL AND THEIR PARTICIPATION IN ANY AND ALL COF PRESCHOOL ACTIVITIES, INCLUDING WATER ACTIVITIES, AND INDOOR AND OUTDOOR ACTIVITIES. SPECIFICALLY, I HEREBY INTEND TO FULLY RELEASE, DISCHARGE, INDEMNIFY AND HOLD COMMUNITY OF FAITH PRESCHOOL, ITS OWNERS, OPERATORS, MEMBERS, MANAGERS, EMPLOYEES, TRUSTEES, INSURERS, AND STAFF HARMLESS FROM ALL SAID CLAIMS OR INJURIES, INCLUDING DEATH, WHETHER KNOWN OR UNKNOWN, TEMPORARY OR PERMANENT, ARISING OUT OF COMMUNITY OF FAITH PRESCHOOL’S OWN NEGLIGENCE, BREACH OF DUTY, MISREPRESENTATIONS, NEGLIGENT OR OTHERWISE, AND/OR ARISING OUT OF THE CONDITION OF ITS PREMISES.”

I understand that the directors of Community of Faith Preschool reserve’s the right to dismiss, without refund, any child/children or parent/legal guardian whose influence is detrimental to the operation of Community of Faith Preschool’s program, as determined by the discretion of the directors. I understand that the use of alcohol, tobacco products, and illegal drugs is strictly prohibited at Community of Faith Preschool program.

I have read the Community of Faith Preschool’s Operational Policies, the Agreement to participate, the release of Liability, the release of photographs, video, audio and related media formats (or had someone read them to me) and freely and voluntarily agree to the terms and conditions of this release in order for my child/children to participate in the Community of Faith Preschool program. By my signature below, I certify that the information I provided on and in connection with all enrollment forms and any form turned into Community of Faith Preschool are true, and accurate to the best of my knowledge. Furthermore, I give Community of Faith Preschool staff to provide and authorize any medical treatment necessary.

- Enrollment Form
- Questionnaire
- Authorization for Emergency Medical Care/ Treatment
- Medical Form
- Health Statement
- Specific Acknowledgment Form
- Transportation/Water Play Form
- Food Allergy & Anaphylaxis Emergency Care Plan
- Notice of Nondiscrimination policy
- Parent Handbook Acknowledgment Receipt

X _____
Required Parent/Guardian of Child Signature Print Name Clearly Date