

Ambassadors Camp Winter Camp 2026
Compass Bible Church
Release, Waiver, and Indemnity Agreement

**** Please give forms to Shane Rouland or Veronica Jankowski**

Email - shane@compassHB.com

Child's Name

I, _____ (parent or guardian), intend by this agreement to exempt and relieve Compass Bible Church and its directors, volunteers, officers, agents, servants, pastors, and employees (hereinafter collectively referred to as the "Compass Parties") from liability for personal injury, property damage, or wrongful death of my child caused by any act of negligence of Compass in relation to the organization, hosting, sponsorship, offering, conduct and implementation of the Ambassadors Camp program (the "Program") to be held on February 6th - 8th, 2026 at Alpine Retreat and Camp.

For and in consideration of permitting my child to participate in the Program and to observe, or use any facility or equipment of the Compass Parties (or any of them) or to engage in or receive instruction in any activity or action incidental thereto (SOME OF WHICH MAY INVOLVE DANGERS AND RISK OF BODILY INJURY) at the Alpine Retreat and Camp facilities located in Blue Jay, California or such other location(s) where the Program is or may be held, I hereby agree as follows.

Release / Indemnification I hereby voluntarily and absolutely release and discharge, waive, and relinquish any and all loss or damages or actions or causes of actions for personal injury, property damage, or wrongful death occurring to my child and/or me as a result of my child's participation in the Program and/or observing or using facilities or equipment of the Compass Parties (or any of them), or engaging in or receiving instructions in any activities incidental thereto, wherever the same may occur and whoever may be instructing, teaching, hosting, supervising or managing said activities, and for whatever time or duration said activities or instructions may occur or continue.

I, on behalf of myself, my child, and our respective heirs, executors, administrators, and assigns, agree that in the event any claim for personal injury, property damage, or wrongful death shall be alleged, filed or prosecuted against the Compass Parties (or any of them), by virtue of my child's participation in the Program or as a result of my child's observance and/or use of the facilities or equipment of the Compass Parties (or any of them), I will indemnify and hold harmless the Compass Parties (and each of them) from and against any and all claims or causes of actions held or otherwise asserted by me and/or my child or by any person or entity, by whomever or wherever made or presented. Moreover, I expressly agree that under no circumstances will I (individually or on behalf of my child) assert, present or prosecute any claim against the Compass Parties (or any of them) for personal injuries, property damage, wrongful death, or

otherwise, arising out of my child's participation in the Program or as a result of my child's observance and/or use of the facilities or equipment of the Compass Parties (or any of them).

Understanding of Release; Assumption of Risk

I represent that I have read this Release, and have requested and have been provided with, or have requested and declined, advisement on the potential dangers / risks of engaging in the Program and the observation, activities, or instruction therein offered. I expressly and knowingly assume all risks associated with such dangers and risks, and am fully aware of and understand the terms and the legal consequences of signing this Release. I intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law, and if any portion of the Release is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

Acknowledgement Regarding Activities

I understand that my child will participate in a wide variety of activities including but not limited to outside activities in a cold weather climate, walking on ice or icy roads and paths, activities that will be cold, icy and wet, riding in motor vehicles and other types of games / activities. From said activities I understand that my child could experience any of the following: injuries commonly associated with but not limited to soccer, running, basketball activities like broken bones, lacerations, torn ligaments and muscles, head injuries, elevated heart and respiratory rates, unforeseen forces of nature, weather, any of which could result in injury/illness that could result in loss of property, limb, and/or life. I hereby certify that my child is capable of all these activities and hereby allow him / her to participate in each of them except for the following:

Compass Rules

I further acknowledge and understand that Compass Bible Church may establish rules and regulations pertaining to conduct, behavior and activities for all Program participants by which my child and I agree to abide during the Program, and that my child and I will be responsible for my child's failure to abide by those rules and regulations.

Dated: _____

Signature of parent or guardian for child named above.

Ambassadors Camp Winter Camp 2026

Authorization For Medical Treatment

_____ Child's Name

I, _____, am the parent or legal guardian of the child identified above and authorize the adult sponsor of Compass Bible Church, Huntington Beach, CA, into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under sections 6901, 6902, and 6910 of the California Family Code.

The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under general or special supervision and on the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child.

I further authorize Compass Bible Church and their officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at Ambassadors Camp to receive physical custody of my child, under section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating facility to surrender physical custody of my child to Compass Bible Church and their officers, agents, servants, or employees that are 18 years of age or older who supervise the activities of Ambassadors Camp Winter Camp.

It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor of Compass Bible Church and/or Ambassadors Camp, or their authorized designee(s), in the exercise of their best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

My child has the following allergies or medical conditions that a physician would find relevant if medical treatment were required in the event of an emergency:

This authorization is given and applies to Ambassadors Camp.

Signature of Parent or Guardian

Printed name and Date

Ambassadors Camp Authorization For Medical Treatment Additional Information

PERSONAL INFORMATION

Child's Full Name: _____

Home Address: _____

City / Zip Code: _____

Home Phone: (____) ____ - _____ Student's E-Mail: _____

Parent E-mail: _____

Gender: _____ Birth Date: _____

School: _____ Grade: _____.

Mom's Name: _____

Mom's Work Phone :(____) ____ - _____

Dad's Name: _____

Dad's Work Phone :(____) ____ - _____

INSURANCE INFORMATION

Insurance Company: Group No.: _____

Claim Office Address: _____

Claim Office Phone Number: _____

Policy No.: _____

Will minor require any medication during the event? _____ (Yes) _____ (No)

If yes, name of medication: _____

Dosage/Frequency: _____

EMERGENCY CONTACT INFORMATION (if different from Parent's Information)

Name: _____

Daytime Telephone: (____)_____

Evening Telephone: (____)_____

Address: _____

City, State, Zip: _____

ALLERGIES / SPECIAL DIETS

**Please list any allergies / special diets for your child. Food accommodations cannot be guaranteed for every dietary need. Someone from Compass HB will contact you with the camps pre-decided menu.*

Photo/Video Release Form

for all High School Events

Child's Name

I understand the photograph(s) or video or audio recording(s) taken of my child by agents, employees or representatives of Compass Bible Church (hereinafter referred to as "Compass") shall be used in connection with Compass' dissemination of information about its religious services, ministry and educational activities and programs.

I hereby irrevocably authorize and give permission for Compass to copy, exhibit, publish and distribute any and all such images and audio of my child or wherein he/she appears, including composite or artistic forms and media, for purposes of publicizing Compass programs or for any other lawful purpose. In addition, I waive any right to inspect or approve the finished product, including written copy, wherein my child's likeness appears.

I hereby hold harmless and release and forever discharge Compass from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization. I hereby certify that I am the parent or guardian of the child named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

Project Title/ Activity Description: **Any and all Compass High School Ministry Events**

Signature of Parent or Guardian Printed name and Date

Phone Address City/State/Zip