

Anchored Winter Camp - Compass Bible Church Release, Waiver, and Indemnity Agreement

Jr. High - Email:
Sam Marin; Email - sam@compasshb.com

Mail - 15272 Revival Circle, Huntington Beach, CA 92649

_____ 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 Winter Camp program (the "Program") to be held on March 13th-15th, 2026 at Camp Pondo, Running Springs, CA

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 Camp Pondo facilities located in Running Springs, CA 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 sledding, zip lining, climbing, a variety of indoor and outdoor games and other types of games / activities. From said activities I understand that my child could experience any of the following: injuries such as 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:

Flu Variations

By participating in this activity of our Church, you agree to the following: On behalf your children, you hereby release, covenant not to sue, discharge, and hold harmless Compass Bible Church, its employees, agents, and representatives, of and from all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating to your child's participation in our activities. You understand and agree that this release includes any claims based on the actions, omissions, or negligence of this church, its employees, agents, and representatives, whether a Flu infection occurs before, during, or after participation in any church hosted or programmed event.

I understand that each activity poses inherent risks, and in consideration of my child's participation in the program, I acknowledge and agree as follows:

- There is an inherent risk of exposure to any flu variation in any place where people are present.
- I voluntarily assume all the risks associated with participation in any retreat activity including but not limited to sickness and death from contracting any flu variation. I voluntarily assume all such risks with full knowledge, understanding and appreciation of the risks involved. I release Compass Bible Church Huntington Beach from all liability for my participation in the Program.

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: Parent or Guardian

Winter Camp Anchored 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 Winter 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 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 Winter 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 Anchored Winter Camp.

Signature of Parent or Guardian

Printed name and Date

Winter 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:

Photo/Video Release Form for all Jr. High/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 Jr. High School Ministry Events**

Signature of Parent or Guardian

Printed name and Date

Phone

Address City/State/Zip