

TRUE REFLECTIONS COMMUNITY DEVELOPMENT

Doing life with people is the pathway to purpose.

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Parent / Guardian Liability Waiver, Release & Consent for Minor Children

One form per family. List every child under 18 who will be on True Reflections property or take part in any program or activity.

PARENT / GUARDIAN INFORMATION

Parent/Guardian name		Participant ID (if enrolled)	
Relationship to child(ren)		Phone	
Email		Address	
Second parent/guardian		Phone	

CHILDREN COVERED BY THIS RELEASE

Child's full name	Date of birth	Age	Allergies / medical alerts	Child Intake attached?
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No
				☐ Yes ☐ No

PROGRAMS & ACTIVITIES COVERED

This release covers my child(ren)'s presence on any True Reflections property and participation in True Reflections programs and activities, including but not limited to:

- ☐ Visitation at residences ☐ Youth & family programs ☐ Child care during parent classes
☐ Field trips & outings ☐ Sports & recreation ☐ Community events ☐ Transportation in program vehicles ☐ Other:

Initial each section below. Please read carefully — this is a legal document.

1. ASSUMPTION OF RISK

I understand that activities, programs, and visits involve risks, including but not limited to slips, trips and falls; sports and playground injuries; insect bites and allergic reactions; illness; weather; vehicle travel; and the actions of other children or adults. I understand that True Reflections is a transitional and sober living organization serving adults in recovery and that children may be in the presence of program residents during approved visits and activities. Knowing these risks, I voluntarily allow my child(ren) to participate and assume these risks on their behalf.

_____ **Initials** I have read and understand the assumption of risk.

2. RELEASE OF LIABILITY & HOLD HARMLESS

To the fullest extent permitted by law, I, on behalf of myself, my child(ren), and our heirs and assigns, release, waive, and agree not to sue True Reflections Community Development, its directors, officers, employees, volunteers, partners, and property owners (the "Released Parties") for any injury, illness, loss, or damage arising from my child(ren)'s participation, except where

caused by the gross negligence or willful misconduct of a Released Party. I agree to indemnify and hold harmless the Released Parties from claims brought by or on behalf of my child(ren) arising from that participation.

_____ **Initials** I agree to release and hold harmless the Released Parties.

3. EMERGENCY MEDICAL TREATMENT AUTHORIZATION

If my child is injured or becomes ill and I cannot be reached immediately, I authorize True Reflections staff to call 911, administer first aid, and consent to emergency medical evaluation and treatment by licensed providers. I understand staff will attempt to reach me and the emergency contacts listed on my child's intake. I am responsible for all costs of medical care.

Child's health insurance / Medicaid		Policy / ID #	
Primary doctor / clinic		Doctor phone	

_____ **Initials** I authorize emergency medical treatment.

4. SUPERVISION & PARENT RESPONSIBILITY

During visitation at any True Reflections residence, I remain responsible for supervising my child(ren) at all times. Children must stay in approved common areas, may never be in bedrooms or private areas, may never be left alone with any resident, and must leave by the end of visiting hours. During staffed youth programs, my child will be released only to the adults listed as authorized for pick-up on their Child Intake. I understand that failure to follow these rules may end visitation privileges.

_____ **Initials** I understand and will follow the supervision rules.

5. TRANSPORTATION

My child(ren) may ride in True Reflections or volunteer-driven vehicles for program activities: ☐ Yes ☐ No

Children will be transported in age- and size-appropriate car seats or boosters as required by Kansas and Missouri law.

_____ **Initials** I have made a transportation choice above.

6. PHOTO, VIDEO & MEDIA

True Reflections may use photos/video of my child(ren) in newsletters, website, and social media: ☐ Yes, with first name only

☐ Yes, no name ☐ No — do not photograph

_____ **Initials** I have made a media choice above.

7. CONDUCT, CONFIDENTIALITY & MANDATED REPORTING

I agree that my child(ren) will follow program rules and that staff may end participation for unsafe behavior. I understand that information about my family is kept confidential, except that True Reflections staff are mandated reporters and must report any suspected abuse or neglect of a child to the Kansas Department for Children and Families or the Missouri Children's Division, as required by law.

_____ **Initials** I understand the conduct, confidentiality, and mandated-reporting terms.

8. ACKNOWLEDGMENT & SIGNATURE

I am the parent or legal guardian of the child(ren) listed above and have legal authority to sign for them. I have read this entire document, had the chance to ask questions, and sign it voluntarily. This release remains in effect for 12 months from the date signed or until I revoke it in writing. If any part of this release is found unenforceable, the rest remains in effect.

Parent / Guardian signature

Date

Printed name

Relationship to child(ren)

Second parent / guardian signature (if applicable)

Date

True Reflections staff witness

Date

Office use: ☐ Copy to family ☐ Filed in parent record ☐ Child Intake(s) attached ☐ Entered in software Staff initials: _____