

COLOR OUTSIDE THE LINES YOUTH GROUP

PARTICIPATION AGREEMENT & LIABILITY WAIVER

PARTICIPANT INFORMATION

Child's Full Name: _____

Child's Preferred Name: _____ Age: _____ Date of Birth: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

PARENT/GUARDIAN INFORMATION

Name: _____

Phone: Primary _____ Secondary _____

Email: _____

EMERGENCY CONTACTS (other than parent/guardian above)

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

PICKUP PERMISSION

- ☐ My child may depart with people other than the emergency contacts and parents they recognize and have pre-arranged.
 - ☐ My child will be picked up by parents and emergency contacts only. I will text Ashley at 843-301-8550 with any last-minute pickup changes.
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MEDICAL INFORMATION

Allergies/Medical Conditions: _____

Current Medications: _____

Medical Insurance Provider: _____

Policy Number: _____

SAFETY AND CONDUCT AGREEMENT

Color Outside the Lines is committed to providing a safe, inclusive, and supportive environment for all participants. We maintain the following safety protocols:

1. All doors remain open during meetings for transparency and safety
2. At least two adult supervisors are present at all times
3. Sign-in and sign-out procedures are strictly enforced
4. Age limits (11-17) are strictly enforced
5. Zero-tolerance policy for bullying, harassment, or inappropriate behavior
6. Immediate parent notification of any safety concerns

CONSENT AND LIABILITY WAIVER

I, _____ (parent/guardian name), give permission for my child to participate in Color Outside the Lines youth group at the Unitarian Universalist Congregation of the Lowcountry. I understand and acknowledge:

1. While every reasonable precaution will be taken to provide a safe environment, participation in group activities carries inherent risks
2. Activities include but are not limited to art projects, games, group discussions, and social activities
3. My child must follow all safety guidelines and behavioral expectations
4. Violation of safety rules or engaging in inappropriate behavior may result in immediate dismissal from the program
5. In case of emergency, group leaders will:
 - Attempt to contact me immediately
 - Seek appropriate medical attention if necessary
 - Contact emergency services if required

I hereby release Color Outside the Lines, its staff, volunteers, and the Unitarian Universalist Congregation of the Lowcountry from any and all liability, claims, demands, and causes of action whatsoever, arising out of or related to any loss, damage, or injury that may be sustained by my child while participating in or traveling to/from program activities.

PHOTO/MEDIA RELEASE (optional)

☐ I give permission for my child's photo to be taken during activities

☐ I do not give permission for my child's photo to be taken

By signing below, I acknowledge that I have read, understand, and agree to all terms and conditions in this three-page document.

Parent/Guardian Signature: _____

Date: _____ Program Contact: Ashley Trexler (843-301-8550)