

**LEAD BY: DEANNA BURRIS
AND COACH JOE**

**▼ DREAM CENTER
AFTER
SCHOOL
PROGRAM**

YOU'RE INVITED:

- LIMITED SPACE**
- TRANSPORTATION
PROVIDED**
- 6TH & 7TH GRADE**
- FOOD**
- HOMEWORK HELP**
- GAMES**
- GUEST SPEAKERS**

FEBRUARY 7TH

▼ // MAY 9TH

THURSDAYS

4 - 6:30 PM

**SIGN UP WITH
COACH JOE BY:
JANUARY 30TH**

▲
**1612 TUSCARAWAS ST W
TRINITY GOSPEL || DREAM CENTER**

DC**AFTER SCHOOL PROGRAM**

The Dream Center After School Program is designed to give students a safe place to get mentored and learn real life skills after the school day is over. The program is designed for 6th and 7th graders in the Canton City area. They will be able to accept academic support, sports and recreation, the arts and mentorship. They will be inspired by keynote speakers that are influencers in the community focusing on, finances planning, nutrition, and positive life choices.

At no cost to parent/guardian the program provides a nutritional snack and your student will learn lifelong character values. They will be provided a safe and supportive environment for them to develop socially and emotionally. The After School Program is staffed by highly qualified and caring adults to ensure the best care for your student. We are honored we get to walk beside your student this school semester.

I _____ Parent/Guardian of
_____ give permission to attend the
Trinity Dream Center After School Program.

STUDENT WAIVER AND RELEASE OF LIABILITY

In consideration of the risk of injury while participating in After School (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heirs, executors, administrators, assigns, or personal representatives, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge Trinity Dream Center After School Program, located at 1612 Tuscarawas St W, Canton, Ohio 44708, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO AND FROM AS WELL AS PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO, PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL, OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THIS ACTIVITY.

I agree to indemnify and hold harmless Trinity Dream Center After School Program against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone else acting on my behalf. If Trinity Dream Center After School Program incurs any of these types of expenses, I agree to reimburse Trinity Dream Center After School Program.

I acknowledge that Trinity Dream Center After School Program and their directors, officers, volunteers, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Trinity Dream Center After School Program.

I ACKNOWLEDGE THAT THIS ACTIVITY MAY INVOLVE A TEST OF A PERSON'S PHYSICAL AND MENTAL LIMITS AND MAY CARRY WITH IT THE POTENTIAL FOR DEATH, SERIOUS INJURY, AND PROPERTY LOSS. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, lack of hydration, condition of participants, equipment, vehicular traffic and actions of others, including but not limited to,

participants, volunteers, spectators, coaches, event officials and event monitors, and/or producers of the event.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Trinity Dream Center After School Program AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Trinity Dream Center After School Program FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the part of Trinity Dream Center After School Program, its agents, and employees.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event that any damage to equipment or facilities occurs as a result of my or my family's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any actions of neglect or recklessness.

This Agreement was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both the Participant, _____, and Trinity Dream Center After School Program agree that this Agreement is clear and unambiguous as to its terms, and that no other evidence will be used or admitted to alter or explain the terms of this Agreement, but that it will be interpreted based on the language in accordance with the purposes for which it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact Contact Relationship Contact Telephone

I, the undersigned participant, affirm that I am of the age of 18 years or older, and that I am freely signing this agreement. I certify that I have read this agreement, that I fully understand its content and that this release cannot be modified orally. I am aware that this is a release of liability and a contract and that I am signing it of my own free will.

Participant's Name:

Participant's

Address:

Signature

: Date:

PARENT / GUARDIAN WAIVER FOR MINORS

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent / Guardian

Name: Relationship to

Minor:

Signature

Date:

PHOTO USE RELEASE FORM

I, Parent/Guardian, hereby grant and authorize Trinity Dream Center After School Program the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of Trinity Dream Center After School Program and will not be returned.

I hereby hold harmless, and release Trinity Dream Center After School Program from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

If the person signing is under the age of consent, then this release must be signed by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of Parent/Guardian named above, and do hereby give my consent without reservation to the foregoing on behalf of this individual.

(Signature)

(Date)

Trinity Dream Center After School Program
Student Transportation
Waiver

As the parent/guardian of _____ a _____ grade student.
(Student's name) (Grade)

At _____ School District and participant in an After School
(School Name)

Program at the Trinity Dream Center. I give my permission for him/her to use transportation, other than school provided transportation, to travel to and from this activity. I give my permission for him/her to be transported by Trinity Dream Center Staff members _____ . I hereby release and

Driver's fully forever discharge Trinity Dream Center, and all of its

administrators, teachers and staff, supervisors, and agents, from liabilities, claims, demands, suits and causes of action of every kind in any way relating to or arising out of his/her participation in the above activity.

(Signature of Parent/Guardian)

(Date)

(Signature Trinity Dream Center)

(Date)