



Hope's
Road



Good Samaritan
Hospice
A mission of Concordia Lutheran Ministries

PARENT/GUARDIAN INDEMNITY, WAIVER, AND RELEASE AGREEMENT

Program Name: Youth Bereavement Support
Organization: Hope's Road – Good Samaritan Hospice
Event Name: _____

Minor Participant Name: _____
Date of Birth: _____
Parent/Guardian Name: _____
Phone/Email: _____

Intent of Agreement

This Agreement is intended to confirm my consent for my child's participation in the above-named **Youth Bereavement Support Program** ("Program") and to set forth the terms under which I agree to release, indemnify, and hold harmless the Organization, its employees, volunteers, grief support staff, and affiliates from certain liabilities as described below.

Services

I understand the Program provides one-on-one, individualized grief support, emotional support, and coping skills support from a Bereavement Coordinator and/or Spiritual Coordinator on the *Hope's Road Youth Bereavement Team*. Grief support may address emotions, (sadness, anger, guilt), family communications and daily functioning intended to assist children and families coping with the death of a loved one.

- The Program is **not a substitute for psychotherapy or psychiatric treatment**. If professional therapy is needed, staff may provide referral information.

Voluntariness

Participation in the Program is entirely **voluntary**. I understand that I, or my child, may withdraw consent and discontinue participation at any time by providing verbal or written notice to Program staff.

Assumption of Risk

I acknowledge that participation in bereavement activities may involve **emotional distress or discomfort** as my child discusses grief, loss, or family experiences.

I accept and assume full responsibility for any emotional reactions or discomfort that may arise during or after participation. I further understand the Program cannot guarantee any specific outcomes from participation.



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Medical and Safety Acknowledgments

I certify that my child is in appropriate physical and mental health to participate.

I agree to promptly inform Program staff of any changes in my child's health status or emotional condition.

In case of a medical or mental-health emergency, I authorize staff to contact emergency medical services (911) and to notify me or the emergency contact listed below.

Emergency Contact Name: _____

Relationship: _____

Phone: _____

Confidentiality

I understand that information shared in grief support sessions either written or verbal is confidential under **HIPAA** and **55 Pa. Code Chapter 5100**; however, grief support staff are **mandated reporters** under **23 Pa.C.S. §6311** and must report any suspected child abuse, neglect, or imminent risk of serious harm to self or others.

Release of Liability and Indemnification

In consideration of my child's participation, I hereby agree to:

1. **Release and waive** any and all claims against the Program, Hope's Road, Good Samaritan and their directors, officers, employees, agents, and volunteers (collectively, the "Released Parties") arising out of or in connection with my child's participation in the Program, including but not limited to claims for injury, emotional distress, or loss, except to the extent caused by gross negligence or willful misconduct of the Released Parties.
2. **Indemnify and hold harmless** the Released Parties from any and all claims, liabilities, damages, or expenses (including reasonable attorneys' fees) brought by or on behalf of my child or any third party related to participation in the Program.
3. **Acknowledge** that this waiver extends to all Program activities whether conducted on the Organization's premises, at community sites, or through telehealth or virtual sessions.

Parent/Guardian Responsibilities

I agree to:

- Provide accurate information during intake, including medical or mental health concerns.
- Ensure timely arrival and pick-up for all sessions.
- Maintain supervision of my child before and after scheduled program hours.
- Cooperate with Program staff to support a safe and respectful environment for all participants.

Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the



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Commonwealth of Pennsylvania. If any provision is found invalid, the remaining provisions shall remain in full force and effect.

Acknowledgment and Consent

I have read this Agreement carefully, understand its terms, and agree to be bound by it.

I understand that by signing below, I am **waiving certain legal rights**, including the right to sue for ordinary negligence.

I sign voluntarily and without coercion.

Parent/Guardian Name (Print): _____

Signature: _____

Date: _____

Minor Participant Signature (if age 14+): _____

Date: _____

Staff Witness: _____

Date: _____