



COMMITMENT TO EVERYONE’S SAFETY AND WELL-BEING

Friendship Circle of Greater Fort Lauderdale provides very special and unique opportunities for volunteers, special friends and their families to enrich the lives of each other. In doing so, most participants will encounter new and sometimes challenging situations. Thus, it is imperative to set expectations at the beginning so that volunteers, special friends, and parents understand what they can expect. Therefore, volunteers, special friends, and their families each certify and agree by signing below that they:

- Understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct;
- Understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for me and/or my child to participate in this activity;
- Do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Friendship Circle events or programs;
- Do not bring any weapons, firearms or other dangerous items to any Friendship Circle event or program;
- Do not have any unsecured firearms in a home which hosts a Friends at Home program;
- Have not and do not have any individual that has been convicted of a crime, other than minor traffic violations, living at or visiting a home that hosts a Friends at Home program and have not themselves been convicted of a crime;
- Do not themselves have and do not have any individual that has a history of violence or abuse of any kind living at or visiting a home that hosts a Friends at Home program;
- Agree to a background check by signing the attached authorization;
- Acknowledge the risk of injury from the activities involved in the Friendship Circle events or program and knowingly and freely assume all such risks;
- Will not participate in any activity that you believe you and/or your child cannot perform in accordance with the Friendship Circles activities’ instructions or in a safe manner;
- If you observe any significant hazard during your participation in any Event, you will stop participating in the event and inform the Friendship Circle of such hazard immediately;
- **Agree Friendship Circle is not responsible for any damages to personal property or injury in which the Friendship Circle had no knowledge of the particular hazard or any activity outside of Friendship Circle sponsored events;**
- **Acknowledge that Friendship Circle is an independently owned, operated and controlled local corporation.**
- **Release Friendship Circle, the directors, board, officers, activity coordinators, and all employees, volunteers, related parties, and other organizations associated with the activity from any and all claims or liability arising out of this participation;**
- In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardian, and/or determination of the participant’s ability to continue in the program activities.

Please sign as appropriate:

Parent/ Guardian’s Name: _____

Parent/ Guardian’s Signature: _____ Date: _____

Parent/ Guardian’s Name: _____

Parent/ Guardian’s Signature: _____ Date: _____

Child’s Name: _____

Child’s Signature: _____ Date: _____



Friendship Circle’s Code of Conduct

As a Parent of a special needs child of Friendship Circle:

- * I understand that Friendship Circle will match my child with a teenage/ young adult volunteer.
- * I understand that, it is necessary for me as parent(s)/guardian(s) to assume full oversight and supervision responsibilities with respect to all activities Friendship Circle’s assigned volunteer(s) share(s) with my child in connection with his/her participation in the program.
- * I agree to respect the privacy of all participants of the Friendship Circle and to keep personal information confidential.
- * If someone gets hurt or some other detrimental incident occurs, it is my responsibility to immediately report the occurrence to Friendship Circle Staff.
- * **AS AN EXPRESS PRECONDITION OF YOUR CHILD’S ADMISSION INTO THE PROGRAM, THIS PARENTAL CONSENT FORM MUST BE SIGNED AND RETURNED TO THE FRIENDSHIP CIRCLE. EXECUTION OF THIS PARENTAL CONSENT FORM SERVES AS YOUR ACKNOWLEDGEMENT: (1) OF THE CRITICAL IMPORTANCE FRIENDSHIP CIRCLE PLACES ON YOUR AGREEMENT TO AT ALL TIMES HAVE AT LEAST ONE PARENT/GUARDIAN “ON PREMISES” DURING THE ENTIRETY OF EACH PROGRAM RELATED VISITATION; AND (2) THAT THE PARENT/GUARDIAN TAKES FULL RESPONSIBILITY FOR EVERYTHING THAT TRANSPIRES DURING THE VISIT AND EXEMPTS FRIENDSHIP CIRCLE FROM ANY RESPONSIBILITY; AND (3) THE FAILURE TO ABIDE BY THIS REQUIREMENT MAY, IN THE EXERCISE OF FRIENDSHIP CIRCLE’S SOLE AND ABSOLUTE DISCRETION, RESULT IN THE TERMINATION OF ALL FURTHER PROGRAM RELATED VISITATIONS WITH YOUR CHILD.**
- * I have carefully read and agree to abide and be bound by all additional rules and policies in the Friendship Circle Handbooks and any additional rules pertinent to specific events.

For Parents or Guardian:

I grant the Friendship Circle permission to use my or my child’s name, image, likeness, or recording in connection with any promotional materials including, but not limited to, brochures, advertising, and broadcasts. I give my child permission to participate in Friendship Circle. I understand that participation in Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and give consent for myself or my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct as set forth in the Friendship Circle Handbook, as it may be modified from time to time. I understand that this local Friendship Circle is independently owned, operated and controlled. I, myself and on behalf of my child, release Friendship Circle and its employees, directors, officers and volunteers as well as all other organizations associated with Friendship Circle from any and all claims or liability arising out of this participation.

Parent/ Guardian’s Name: _____

Parent/ Guardian’s Signature: _____ Date: _____

Parent/ Guardian’s Name: _____

Parent/ Guardian’s Signature: _____ Date: _____



The Friendship Circle of Greater Fort Lauderdale

Medical & Emergency Release

My son/daughter has my permission to attend Friendship Circle events. I agree not to hold The Friendship Circle liable for any accident, loss, or theft that may occur during the course of an event. I hereby give my permission to the physician selected by The Friendship Circle to hospitalize, and/or secure necessary treatment or anesthesia for my child, as named above, in the event that I cannot be reached in an emergency. I hereby give my permission that paramedics may transport my child to the nearest hospital, if necessary. I have indicated any pertinent medical information above. I agree to the terms and conditions of this application.

Child Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____

Liability Waiver

I will not hold The Friendship Circle liable for any accidents, injuries, damage, or fatalities which may occur in transit to/from aforementioned events.
I also waive all rights to sue The Friendship Circle for any of the above mentioned incidents which may occur in transit.

Child Name: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



Friendship Circle of Greater Fort Lauderdale

I do _____ do not _____ permit my child's photos to be used for Friendship Circle publicity purposes.

Child's Name _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Gard Email _____ Phone# _____



Friendship Circle of Greater Fort Lauderdale

I do ___ do not ___ permit my child's photos to be used for Friendship Circle publicity purposes.

Child's Name _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____

Parent/Gard Email _____ Phone# _____