



COMMITMENT TO EVERYONE'S SAFETY AND WELL-BEING

Ariella's New York Friendship Circle 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 special friends, and their families each certify and agree by checking each box and 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;
- They understand that participation in Ariella's NY Friendship Circle activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding.
- They have carefully considered the risks involved and have given consent for me and/or my child to participate in this activity;
- They do not use or possess any illegal drug, alcohol or controlled substances at any time, including at Ariella's NY Friendship Circle events or programs;
- They will not have or use any alcohol or tobacco products at Ariella's Friendship Circle events or programs, including Friends at Home;
- They will not bring any weapons, firearms or other dangerous items to any Ariella's NY Friendship Circle event or program;

- They do not have any unsecured firearms in a home which hosts a Friends at Home program, nor will they bring any into any Ariella's NY Friendship Circle event or program including Friends at Home;
- They have not been convicted of a crime, other than a minor traffic violations, nor do they have any individual that has been convicted of a crime, other than a minor traffic violation, living at or visiting a home that hosts a Friends at Home program.
- They do not themselves have a history of violence or abuse of any kind, nor do they 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;
- They agree to a background check of all occupants of the homes used by all parties involved in the Friends at Home program. By signing at the bottom of this document, all parties agree to provide the full name, complete address, and full date of birth of all occupants of these households who are over the age of 18. This includes volunteers, participants, and all other residents of any home used in the Friends at Home program.
- They acknowledge the risk of injury from the activities involved in the Ariella's NY Friendship Circle events or program and knowingly and freely assume all such risks;
- You will not participate in any activity that you believe you and/or your child cannot perform in accordance with Ariella's NY 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 Ariella's NY Friendship Circle of such hazard immediately;
- They agree Ariella's NY Friendship Circle is not responsible for any damages to personal property or injury in which Ariella's Friendship Circle had no knowledge of the particular hazard or from any activity outside of Ariella's NY Friendship Circle sponsored events;
- They acknowledge that Ariella's NY Friendship Circle is an independently owned, operated and controlled local corporation.

They release and hold harmless Ariella's NY 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:

Friend's Parent/ Guardian's Name: _____ Date: _____

Friend's Parent/ Guardian's Signature: _____ Date: _____

Name, Address, and Complete Date of birth of everyone over the age of 18 living in the household for the purposes of a background check must be provided below:

By Signing below I agree to allow Ariella's NY Friendship Circle to perform a background check which will include, but is not limited to, a check on all criminal convictions and all complaints and convictions which involve violence or abuse of any kind.

1. Full Name _____ DOB _____
First, Middle, Last

Addresses _____
Street Address State Zip code

Signature _____ Date _____

2. Full Name _____ DOB _____
First, Middle, Last

Addresses _____
Street Address State Zip code

Signature _____ Date _____

3. Full Name _____ DOB _____
First, Middle, Last

Addresses _____
Street Address State Zip code

Signature _____ Date _____

4. Full Name _____ DOB _____
First, Middle, Last

Addresses _____
Street Address State Zip code

Signature _____ Date _____

5. Full Name _____ DOB _____
First, Middle, Last

Addresses _____
Street Address State Zip code

Signature _____ Date _____