



501 Vanderbilt Pkwy
Dix Hills, NY 11746
(631) 351-8672 ext.108
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www.nyfriendshipcircle.com

NY Friendship Circle Events Waiver

Date _____

Child's Name _____

Child's Date of Birth _____

I _____ give permission for the child named above to participate in Friendship Circle Events, including but not limited to, Puppy Fun, Bowling, Music Therapy, Teen Scene, Hip Hop Dance, Soccer Stars, Sports Starz, Yoga, Coding Club, The Theater Program, Friends at Home and any other programs sponsored or run by the NY Friendship Circle. I understand my child's likeness or photograph may be used on social media, including live streams, Facebook posts, pod casts, blogs, flyers, pamphlets, brochures and other marketing materials, bulletin boards, broadcasts and all other digital or print media, but no child will ever be identified by name unless permission is granted in another release.

I understand that participation in these activities involves risk of injury. Fitness activities and programs require that my child be in good health and have no conditions that could endanger his/her (or anyone else's) well being through participation. This includes being free of contagious viruses or diseases. I will notify NY Friendship Circle Directors, in writing, of any medical conditions affecting my child prior to signing up for any programs.

I hereby waive and release NY Friendship Circle and the Chai Center, their Officers and Directors, instructors, animal handlers, volunteers, representatives, and any affiliates from the Chai Center or other organizations providing services to the Chai Center or the NY Friendship Circle from any claims of liability, including accidents, injury, or loss of personal property while participating in any events hosted or sponsored by the NY Friendship Circle and/or the Chai Center on or off their premises.

This acknowledgement of risk and waiver of liability has been read, understood completely, and signed voluntarily by the parent/legal guardian of the child listed above.

Parent/Guardian Signature

Date

Please Print Parent/Guardian's Full Name _____