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# Friendship Circle's Code of Conduct

## Participant Parents – Friends at Home

As a Parent of \_\_\_\_\_, a child with special needs, of The New York Friendship Circle:  
(Print child's name)

\_\_\_\_\_ I understand that The New York 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 the NY Friendship Circle's assigned teen mentor(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 NY 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 THE NEW YORK FRIENDSHIP CIRCLE, OFFICERS, EMPLOYEES, AND ALL ASSOCIATES FROM ANY RESPONSIBILITY; AND (3) THE FAILURE TO ABIDE BY THIS REQUIREMENT MAY, IN THE EXERCISE OF THE NEW YORK 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 general rules and policies of the New York Friendship Circle and any additional rules pertinent to specific events.

**For Parents or Guardian:**

\_\_\_\_\_ I grant the New York 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 in print or digital format, or any other media of the New York Friendship Circle's discretion. I give my child permission to participate in all NY Friendship Circle events. I understand that participation in NY 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 by the New York Friendship Circle, and I acknowledge these rules may be modified from time to time. I understand that this local Friendship Circle is an independently owned, operated and controlled entity. I, myself, and on behalf of my child, release the NY Friendship Circle and its employees, directors, officers and volunteers as well as all other organizations associated with the NY Friendship Circle from any and all claims or liability arising out of this participation. If only one parent/guardians signature is below, that parent/guardian is representing that they have the power to sign on behalf of all parents/guardians of the child listed above.

Parent/ Guardian's Name: \_\_\_\_\_  
(Please Print)

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_  
(Please Print)

Parent/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_