



Consent Form

School Programs 2019-2020

Member Code of Conduct

As a Best Buddies member:

- I will be respectful, truthful, and inclusive in my interactions with others.
- I will recognize and celebrate the diversity of character and abilities of all people.
- I will conduct myself ethically, obey all laws, and act in good faith at all times.
- I will abide by the rules, directives, and guidelines set forth by Best Buddies International.
- I will respect the decisions and requests made by Best Buddies staff members and chapter leadership.
- I will NOT harass, threaten, embarrass, or insult others.
- I will NOT say or do anything that is harmful, abusive, racially or ethnically offensive, vulgar, sexually explicit, or objectionable.
- I will NOT make inappropriate or unwanted physical, verbal, or sexual advances.

Initial below to indicate that you have read and agree to the terms above.

Member initials (required):

Parent/guardian initials (if applicable):

Acknowledgement

As a Best Buddies member:

- I understand that if I am matched in a one-to-one friendship, the commitment includes meeting together twice a month and making weekly contact during the school year.
- I understand that I will attend chapter activities, assemblies, and Best Buddies International events and that my conduct should always follow the Best Buddies Member Code of Conduct.
- I understand that a Best Buddies member acts as a friend and a peer and NOT as a caregiver or dependent.
- I give permission to be photographed and/or filmed at any Best Buddies activity, and I understand that any photograph or videotape may be used at the discretion of Best Buddies for publicity purposes. *DECLINE/OPT OUT*
- Prior to the commencement of my participation, I will furnish Best Buddies with any medical information that may be necessary in treating me in the case of an emergency.
- I consent to Best Buddies' use and disclosure of such medical information to medical professionals that may need the information in order to treat me in the case of an emergency.
- I understand that I must have a valid auto insurance policy if operating a motor vehicle in relation to a Best Buddies activity.
- I understand that Best Buddies is in no way obligated to assign, or match, or actively seek to assign or match me in a one-to-one friendship, and that Best Buddies makes no guarantees, assurances, or other commitments, either express or implied, as to the impact or results of a match upon any of the parties involved.
- I acknowledge that I have completed this application to the best of my knowledge and that all information I have provided is true, and I understand that any false or misleading information given by me in connection with my application for, or my membership with, Best Buddies International may result in termination of my membership.
- I understand that Best Buddies International reserves the right to deny entrance into our programs to anyone, for any reason, at any time. Best Buddies also reserves the right to revoke membership from our programs for any reason, at any time.

Initial below to indicate that you have read and agree to the terms above.

Member initials (required):

Parent/guardian initials (if applicable):



Consent Form

School Programs 2019-2020

Background

Best Buddies is committed to ensuring the safety for all members. Please answer the questions below regarding your background. Answering yes to any of these questions will not automatically exclude you from a volunteer position with Best Buddies. ****Please note this section is not required for Elementary School or Middle School students. ****

Have you been fired or asked to resign from a paid or volunteer position because of any kind of harassment or physical violence?	Yes	No
Have you ever been convicted of a criminal offense?	Yes	No
Have you ever been charged with neglect, abuse, or assault?	Yes	No
Other than the above, is there any fact involving you or your background that would call into question your participation in Best Buddies?	Yes	No

Initial below to indicate that the statements above are true to the best of your knowledge and belief.

Member initials (required):	Parent/guardian initials (if applicable):
------------------------------------	--

General Release

In consideration of the benefits and opportunities afforded to me through participation in the Best Buddies organization, the undersigned participant states as follows:

1. I hereby agree to release Best Buddies International, Inc., from any liability for any accident, injury, or illness suffered at, during, or in connection with any Best Buddies activities, except for any accident, injury, or illness which results from gross misconduct by Best Buddies International, Inc., or its staff.
2. I authorize Best Buddies International, Inc., to obtain medical treatment in the event of injury or illness in connection with a Best Buddies activity and agree to pay any expense incurred for treatment.
3. I understand that, in connection with any Best Buddies activity, if I am riding in a private passenger automobile which is involved in an accident, I may be primarily covered for bodily injury under my family automobile policy, and I agree to submit any medical bills incurred to my insurance company for payment. If my policy has been issued with a deductible clause relative to the personal injury protection, I understand that I have assumed that deductible on primary coverage.
4. If I am being transported in a commercial carrier or other leased or rented vehicles in connection with a Best Buddies activity and an injury occurs, I understand that I shall look to the commercial carrier or owner of the leased or rented vehicle to pay any medical bills incurred as a result of such injury.

NOTE: The undersigned agrees to assume all risk of accident, injury, or illness that may occur at, during, or in connection with any Best Buddies activity.

Initial below to indicate that you have read and agree to the terms above.

Member initials (required):	Parent/guardian initials (if applicable):
------------------------------------	--

Participant Consent

I, _____, hereby apply for membership with Best Buddies International for the 2019-2020 program year, commencing July 1, 2019 and ending June 30, 2020, at _____.

(Print Participant Name)

(Print School/Chapter Name)

Participant signature Date

Consent from a parent/guardian is required if the participant is under the age of 18 or has a court-appointed guardian:

Parent/guardian name (please print) Parent/guardian signature Date