



### Friendship House of Boca Raton Parent Waiver

It is our pleasure to provide our families with as much support and service as possible. It is necessary, however, for the parents of our participants to assume responsibility for any risk associated with activities and time their child shares with his/her volunteers and/or at any Friendship House program or activity, whether it be in your home, Chabad, Friendship House or elsewhere. This also includes the time when volunteers are driving the participant in their vehicles, or when one’s child is taking part in an activity that may include physical movement.

1. In exchange for the Friendship House Corp. (referred to in this document as “Friendship House” or "FH”) permitting my child or family member to participate in any Friendship House program or activity (which provides a benefit to my child, myself, and my family). I, individually, and on behalf of my spouse and family, assigns, and personal representatives, in our personal and representative capacities (hereinafter “Releasers), hereby assume all risk of harm and hereby release, acquit, and forever discharge the Friendship House and their employees, volunteers, officers, directors, parent organizations, subsidiaries, affiliates, trustees, insurers, and representatives - (in their representative and individual capacities-) (hereinafter “FH Releasees”) from any and all liability or claim whatsoever for any and all damages, losses, or injuries, including death, to persons or property or both, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses and attorneys' fees, which arise out of, during, or in connection with my participation, my families participation, and or our child's participation in any and all Friendship House programs and activities, including but not limited to any damages, losses, or injuries to persons or property or both which may be sustained or suffered by me or any person in connection with my or their association with, participation in, or travel to and from, and in conjunction with, any and all Friendship House programs and activities.

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2. I agree not to hold the FH Releasees liable for any accident, loss or theft that may occur while my child is under their care. I hereby give my permission to the physician selected by the Friendship House to hospitalize, and/or secure necessary medical or other treatment or anesthesia for my child, (or any other family members who participate in any Friendship House program or activity) in the event that I cannot be reached in an emergency. I hereby give my permission for paramedics to transport my child or family member to the nearest hospital, if necessary. I have indicated any pertinent medical information on the Forms.

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3. Releasers expressly agree to indemnify, defend, and hold harmless the FH Releasees (in their individual and official capacities) from any and all liability, loss or damages they or any of Releasers incur or sustain as a result of any claims, demands, damages, actions, causes of action, judgments, costs or expenses including attorneys' fees, which result from, arise out of, or relate to Releasers' participation in, travel to and from, and/or in conjunction with any Friendship House program or activity.

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4. Releasers agree that this Waiver, Release, and Indemnification Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force in effect. To the extent necessary,

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The safety of program participants, as well as Friendship House staff and volunteers, is paramount. Therefore, in addition to undergoing a background check, the parents and/or guardians of any child participating in Friendship Circle activities must affirm the following, by checking the accompanying box:

I, \_\_\_\_\_, agree to all of the above and allow my child to ride with any staff members or volunteers and I release them, the Friendship House of Boca Raton Corp., and the FH Releases referenced above of all responsibility and I, on behalf of myself and the Releasers above, assume all risk associated with any Friendship House staff, program or activity.

I, \_\_\_\_\_, hereby give permission for my child's photo to be displayed on any online websites or networks.

**Criminal History**

No parent, legal guardian, siblings or others family members who will be present with the child participant at any Friendship House event, including the Friends@Home Program, have previously been convicted of, charged with, arrested for, or accused of sexual abuse of a child or young person, or any act of sexual misconduct, or of any crime of violence or involving the improper touching of another. Neither has any such person ever appeared on the Sex Offender Registry in any Country.

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I acknowledge that all information shared about any or all members of my family is confidential. I also acknowledge however, that it may be necessary for such information to be shared by Friendship House, as needed, with or by caregivers, staff, volunteers or other affiliates of the Friendship House. On behalf of myself and the Releasers above, and in exchange for allowing my child or family member to participate in any Friendship House program or activity; I agree to allow the Friendship House to discuss any information (including health or personal information) that is pertinent to my child/family member, and/or to their participation in any Friendship House programs or activity, with any or all relevant staff members, volunteers, or other affiliates of the Friendship House in order for Friendship House to offer optimal services to my family member.

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We encourage direct communication with the Directors of the Friendship House regarding any and all safety matters or other matters which affected your or your child and their participation in any Friendship House program or any activity. Sholom Kessler can be reached directly at (561) 788-4388. All matters brought to the Directors' attention will be investigated and addressed, and, to the extent reasonable or necessary in the context of any investigation, in as discreet a manner as is reasonable under the circumstances.

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**MEDICAL WAIVER**

My son/daughter has my permission to take part in Friendship House programs. I agree not to hold the Friendship House Releasees liable for any accident, loss or theft that may occur while my child is under their care. I hereby give my permission to the physician selected by the Friendship House 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 can 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. Additionally, I am initialing below all that I am agreeing to by my signature below.

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I hereby give my child permission to participate in all activities planned by Friendship House

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In addition to the emergency-related instructions above, I hereby give permission to FH staff or volunteers to administer medications to my child, upon my request as per written instructions (non-emergency).

I understand and agree that any reference to the term "I" or "my" in this document shall mean I or me, on behalf of myself and all other Releasees, on whose behalf I am signing or initialing this document.

Parent Name (Print) \_\_\_\_\_

Friendship House Participant's Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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