

Best Buddies International

Best Buddies is a 501(c)(3) non-profit organization whose mission is to enhance the lives of people with intellectual disabilities by providing opportunities for one-to-one friendships and integrated employment. By joining Best Buddies International, you become part of a growing movement of people with and without intellectual disabilities dedicated to ensuring everyone has the opportunity to have a friend. Socialization is one of the simplest, but most often underestimated, solutions to the pattern of exclusion that people with developmental disabilities, including intellectual disabilities, have faced for decades.

You will be joining an organization that has over 50,000 volunteers this year and has positively affected more than 250,000 people this year. Best Buddies accomplishes its mission through six unique programs: Best Buddies Middle Schools, Best Buddies High Schools, Best Buddies Colleges, Best Buddies Citizens, Best Buddies Jobs, and e-Buddies®. Best Buddies High Schools, Colleges, and Middle Schools are the foundation of the organization with chapters at more than 1,200 chapters in each of the 50 United States, and operates accredited international programs in Australia, Canada, Colombia, Cuba, Egypt, Ghana, Hong Kong, Ireland, Kenya, Mexico, the Netherlands, the Philippines, Scotland, Sweden and the United Arab Emirates; with additional country programs in various phases of development. Best Buddies Citizens matches adults with and without intellectual disabilities in California, Florida, Illinois, Maryland, Massachusetts, and Connecticut. Best Buddies Jobs, our supported employment program, helps people with intellectual disabilities find and keep well paying jobs in Miami, Florida; Los Angeles, California; and Boston, Massachusetts. e-Buddies seeks to match individuals with and without intellectual disabilities in online friendships.

We encourage you to learn more about Best Buddies by visiting our website: www.bestbuddies.org, and on behalf of the 250,000 participants in Best Buddies, we thank you for your support.



PARENTAL CONSENT

I give permission for my child/ward (*circle one*) _____ to
(Print student's name)

participate in Best Buddies International, Inc., for the 2006-2007 academic year.

- I understand that my child/ward will be matched in a one-to-one friendship that includes seeing his or her Buddy twice a month and contacting him/her weekly during the school year, attending group activities, and participating in Best Buddies activities.
- I give permission for my child/ward 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.
- Prior to the commencement of my child's participation, I will furnish Best Buddies with any medical information that may be necessary in treating my child in the case of an emergency.
- I consent to Best Buddies use and the disclosure of such medical information to medical professionals that may need the information in order to treat my child in the case of an emergency.

In consideration of the benefits and opportunities afforded to my child/ward through participation in the Best Buddies organization, the undersigned parent/guardian states as follows:

1. I hereby agree to release Best Buddies International, Inc., from any liability for any accident, injury, or illness suffered by my child/ward 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 for my child/ward 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 my child/ward is riding in a private passenger automobile which is involved in an accident, he/she 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 my child/ward is 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.

Parent/Guardian Name (Please Print)

Signature of Parent/Guardian

Date

Signature of Student

Date