



Pledge and Consent Form

School Name: _____

• I affirm that I am **EITHER** a full-time student **OR** an adult with an intellectual disability and agree to maintain confidentiality by not releasing any personal information of the participants involved in the program and to treat all participants with respect and dignity.

• I will make contact with my Best Buddy once a week and meet for a one-on-one outing twice a month.

• I affirm that I have never been fired or asked to resign from a paid or volunteer position because of any type of harassment or criminal behaviour. I have not been charged or convicted of any crime or criminal act. **I understand that, in order to participate in the Best Buddies program, if I am over 18 years of age, I must undergo a Criminal Records Check and Vulnerable Service Sector screening and must not have a criminal record. If I am a returning student, I affirm that I have not been convicted or charged with any crime since the completion of my Criminal Record Check upon entry to the Best Buddies Program**

• As Best Buddies participants include members of the vulnerable population, I agree to inform my Chapter Leadership Team and Best Buddies Canada should I know any relevant information about any participant that may affect the safety and well being of other chapter members.

• 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.

• I agree to participate in any training and Volunteer Information Session provided by Best Buddies or the Leadership Team of my chapter.

• I agree that, as long as the Best Buddies Organization and Staff have done their duty and taken the necessary steps to protect its participants, I will not hold them responsible for any accident, injury or illness that I may suffer at a Best Buddies activity.

• I understand that alcohol and illegal drugs are not permitted at any Best Buddies event and will refrain from consuming/using them at any Best Buddies events.

• I understand that, if I choose to ride in a vehicle of a Best Buddies participant or Staff Member, I must be covered by my own, my parent's or my guardian's automobile insurance policy. If an accident occurs, I will not hold Best Buddies financially responsible and either I or my parent/guardian will pay for any medical expenses incurred by me.

• I understand that I must have one million dollars in liability coverage from mine or my parents insurance company in order to transport any Best Buddies participant in my vehicle.

Best Buddies respects your right to privacy. We do not rent, sell or trade our participants' information. The information you give us is only used to keep you and your parent/guardian up to date on Best Buddies activities, programs, special events, fundraising needs and volunteering opportunities. If, at any time, you would like to be removed from any of these communications let us know.

This is to certify I have read and understood the above points and I agree to uphold the rules and regulations of Best Buddies Canada:

Applicant Name (Please Print)

Signature of Applicant

Date

If the applicant is under the age of 18, or unable to consent on his/her own, a parent/guardian must sign on his/her behalf. I, the undersigned, confirm that my son/daughter/ward has read and understood the above points and that he/she agrees to uphold the rules and regulations of Best Buddies Canada.

Print Parent/Guardian Name

Signature of Parent/Guardian

Telephone Number

Email Address

Date