Best Buddies Participant Pledge Form

Dear Parent/Guardian:

Your child has chosen to be part of the Best Buddies Program at _____(school). Best Buddies is a volunteer program that pairs students with and without intellectual disabilities in one-to-one friendships.

Please explain the pledge below to your child or ward so they understand their commitment to this program. If they agree to the pledge, please sign below.

- I understand that the mission of Best Buddies Canada is to provide an opportunity for students to become friends.
- I understand that the Best Buddies Canada program happens mostly in school time; however participants may be invited to attend Best Buddies events outside of school, which will remain under the supervision of school staff.
- I understand I am expected to attend all regular Best Buddies events at school and will inform my teacher if I am unable to do so.
- I will speak to my teacher if I have a problem with other participants.
- I give permission to be photographed or filmed at any Best Buddies chapter activity or event and for these photos to be used during Best Buddies social media/promotional activities.
- I agree that, as long as the Best Buddies of Canada organization and staff have done their duty and taken necessary steps to protect participants, I will not hold them responsible for any accident, injury or illness that I may suffer at a Best Buddies of Canada activity.

_____

Date

_____ _____

Student Signature Parent Signature

_____ _____

Print Name Print Name

_____

Email

_____

Phone Number

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