

Applicant Name

Date (Month/Day/Year)

	Pick or	าe of	the	follov	wing	options:
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PICK ONE	e of the following options:
 I affirm that <u>I am a full-time student over 18 years</u> maintain confidentiality by not releasing any personal in participants involved in the program and to treat all parand dignity. I will make contact with my Best Buddy once a week an outing or virtually twice a month. I affirm that I have never been fired or asked to resign to position because of any type of harassment or criminal been charged or convicted of any crime or criminal act order to participate in the Best Buddies Program, Criminal Records Check and Vulnerable Service Somust not have a criminal record. If I am a returnithat I have not been convicted or charged with an completion of my Criminal Reference Check upon Buddies Program. 	an intellectual disability and agree to maintain confidentiality by not releasing any personal information of 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 understand that in I must undergo a sector screening and ng student, I affirm any crime since the
 in my area as well as my academic institution and lot. As Best Buddies participants include vulnerable par should I suspect or know any relevant information a any chapter members. I will also report any witness emotional, verbal, or psychological abuse, or any for I give permission to be photographed and/or filmed be used at the discretion of Best Buddies for the public lagree to participate in any training and/or Volunte Team. I agree to save, hold harmless and indemnify Best Ell may suffer resulting from the program. I understand that alcohol, cannabis, and illegal drug consuming/using them at these events. I understand that, if I choose to ride in a vehicle of a parents, or my guardians automobile insurance poleither I or my parent/guardian will pay for any medi I understand that I must have one million dollars in transport any Best Buddies participant in my vehicle 	eticipants, I agree to inform my Leadership Team and Best Buddies of Canada about any participant that may affect the safety and well-being of a buddy or ed or suspicions of abuse on a Buddy or Peer Buddy including physical, sexual, rm of neglect or harassment. If at any Best Buddies activity and understand that any photograph or video may prose of fundraising and/or promoting the program. It is provided by Best Buddies or my chapter's Leadership Buddies of Canada for any responsibility from any accident, injury, or illness that are not permitted at any Best Buddies event and will refrain from a Best Buddies participant or Staff Member, I must be covered by my own, my icy. If an accident occurs, I will not hold Best Buddies financially responsible and cal expenses incurred by me. Iliability coverage from my or my parents insurance company in order to
keep you and your parent/guardian up to date on Best Buddi	es activities, programs, special events, fundraising and volunteering e above points and I agree to uphold the rules and regulations
of Best Buddies of Canada: Applicant Signature	Parent/Guardian Signature If the applicant is under the age of 18, or unable to consent on their own, a parent/guardian must sign on their behalf. I, the undersigned, confirm that my child/ward has read and understood the above points and that they and I agree to uphold the rules and regulations of Best Buddies of Canada.

Parent/Guardian Name