



Family Friendly Waiver

Team Leader Verification

Team Leader Name:

Team Leader Signature:

Name of Child/Student (please print first and last name): _____

In consideration for permission for _____ (the "Child") to participate in the _____ program (the "Activity") organized by New York Cares, I do hereby acknowledge, consent and agree to all of the following terms and conditions.

I declare and represent that I am the parent or guardian of the Child and will attend the Activity to supervise the Child on _____.

I declare and represent that the Child is now in good health; that I have discussed with the Child the nature of the Activity in which the Child plans to participate ("Activity"); that I and the Child understand the nature of the Activity; that the Child is physically and medically fit to participate in the Activity; and that the Child's personal attire and equipment are safe and fit for their participation in those Activity and with respect to these matters I and the Child assume the risk of the Child's participation in those Activity.

In consideration of the Child's acceptance as a participant in this event, I agree to release, defend, indemnify and hold harmless New York Cares, Inc., its volunteers, employees, officials, directors, agents, affiliates and sponsors from any and all claims for any and all expenses, personal injury, loss or damages (including death however caused and whether by negligence or otherwise) incurred or caused by the Child to the Child's person and/or property during or in connection with the Child's participation in this event. I also grant permission to New York Cares, Inc., a non-profit charitable corporation, to use photographs, portraits, films or videos of the Child, the Child's voice and/or likeness in accounts and promotion of New York Cares, Inc. and this event.

This release shall be binding upon my heirs, next of kin, distributees, executors and administrators.

I hereby attest that the Child's attendance and involvement in this Activity is voluntary and that I have read (or have had read to me) this release, understand it and sign it voluntarily.

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Relationship to Child

Date Signed

Updated 7/28/16

New York Cares – The way to volunteer

65 Broadway, New York, NY 10006 Tel: 212-228-5000 Fax: 212-228-6414 newyorkcares.org