

BIG/LITTLE/PARENT EACH MUCH COMPLETE A SEPARATE FORM

Note: This event is only for members of BBBS

In consideration of permission granted by BBBSGL allowing me to participate in **BBBS Halloween Party** (the "Activity"), which will occur on **Sunday, October 25, 2020** which is sponsored by BBBSGL and Wea Orchard, I (together with my parent or guardian, if I am under the age of eighteen or under a legal disability) represent, covenant and agree, on behalf of myself and my heirs, assigns, and any other person claiming by, under or through me, as follows:

1. I acknowledge that participating in the Activity involves certain risks (some of which I may not fully appreciate) and that injuries, death, property damage or other harm could occur to me or others. I accept and voluntarily incur all risks of any injuries, damages, or harm which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or in part by the negligence or other fault of BBBSGL and/or its employees or insurers ("Released Parties").
2. I waive all claims against any of the Released Parties for any injuries, damages, losses or claims, whether known and unknown, which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all claims.
3. I agree to indemnify and hold the Released Parties harmless from all losses, liabilities, damages, costs or expenses (including but not limited to reasonable attorneys' fees and other litigation costs and expenses) incurred by any of the Released Parties as a result of any claims or suits that I (or anyone claiming by, under or through me) may bring against any of the Released Parties to recover any losses, liabilities, costs, damages, or expenses which arise during or result from my participation in the Activity, regardless of whether or not caused in whole or part by the negligence or other fault of any of the Released Parties.
4. I have carefully read and reviewed this Waiver, Release and Hold Harmless Agreement. I understand it fully and I execute it voluntarily.

Further: I understand and consent to the following:

1. In case of a medical emergency, I give permission for Big Brother Big Sister volunteers or Big Brothers Big Sister staff to give signed consent for any medical treatment necessary for my child due to illness, accident, or injury while my child is participating in the Big Brother Big Sisters program; and
2. I agree to release Big Brothers Big Sisters of Greater Lafayette and Wea Orchard from any and all liability which may be incurred that is in any way related to my child's participation in the Big Brother Big Sisters program. This release of liability is given voluntarily in consideration of the time, effort, and financial outlay contributed by the Big Brothers Big Sisters of Greater Lafayette and Wea Orchard.

Signature of Parent/Guardian or Volunteer (must be signed or digital signature)

Date

Printed Name of Parent/Guardian/Volunteer _____

Printed Name(s) of Child(ren) _____

Name of emergency contact (for person completing this form): _____

Phone number of emergency contact person: _____

Total Number of people attending: _____

_____ will **NOT** be coming with his/her Big but I will be present. **Note: MUST be parent of child and no other friend/family member of Little.**

*** Please note that BBBS staff and volunteers cannot administer medication to your child. ***