



P.O. Box 910044, Lexington, KY 40591

## Lexington e's Club Ambassador APPLICATION AND AGREEMENT

Please submit completed form by email to [esCLUBky@gmail.com](mailto:esCLUBky@gmail.com) or by mail to PO Box 910044, Lexington KY 40591.

Applicant's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Applicant Lives With: \_\_\_\_\_

Pronouns: \_\_\_\_\_ Race/Nationality: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you a student?  Yes  No If yes, what school do you attend \_\_\_\_\_

Highest grade level \_\_\_\_\_ Major/Minor \_\_\_\_\_

Allergies: \_\_\_\_\_ Special Diet: \_\_\_\_\_

Any relevant medical conditions: \_\_\_\_\_

Please list any hobbies, special talents or training you wish to utilize here:

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Special medical considerations & instructions (if needed): \_\_\_\_\_

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## FAMILY INFORMATION

Is the applicant currently in legal guardianship? \_\_\_\_\_ In process of filing for legal guardianship? \_\_\_\_\_  
Name(s) of Legal Guardians: \_\_\_\_\_

### Caregiver 1 - Contact Info:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Caregiver 2 - Contact Info:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Siblings:

Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

### Please list emergency contacts in case parent/guardian/caregiver(s) cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Pick-up Information:

Please list all persons who are authorized to pick up the participant

\_\_\_\_\_  
\_\_\_\_\_

Please list any person(s) **NOT** authorized to pick up the participant

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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**ERIN'S HOPE FOR FRIENDS KENTUCKY PARENTAL/GUARDIAN CONSENT, RELEASE OF LIABILITY, EXEMPTION DISCLOSURE, AND EMERGENCY MEDICAL TREATMENT AUTHORIZATION**

Applicant's Name: \_\_\_\_\_ Applicant's Birthdate: \_\_\_\_\_

Legal Guardian's Name(s), if applicable: \_\_\_\_\_

I give my consent for the Applicant to participate in the Erin's Hope for Friends Kentucky "Lexington e's Club" program (the "Program"). If the Applicant suffers an injury or illness while participating in the Program, and the Program is unable to contact me immediately at the telephone number(s) listed on page 2 of this application, I hereby authorize the staff of the Program to obtain such emergency medical care or treatment as the Program deems reasonably necessary. This consent is signed only for the purpose of authorizing medical treatment under emergency circumstances in my absence.

In consideration for the agreement of Erin's Hope for Friends Kentucky, Inc. (the "Foundation") to permit the Applicant to participate in the Program, I, on behalf of the Applicant, hereby release, waive, and covenant not to sue the Foundation or its directors, officers, employees, agents, representatives, staff, and volunteers (collectively, "Foundation Releasees") from any and all claims, demands, or causes of actions that may accrue to the Applicant, me, or any other representative of the Applicant for damages, injury, or death to the Applicant as a result of the Applicant's participation in the Program, and agree to indemnify, defend, and hold harmless the Foundation Releasees from any claim or liability whatsoever, including but not limited to, personal injury, property damage, court costs, and attorneys' fees, however caused or incurred, as a result of the Applicant's participation in the Program, except for conduct constituting gross negligence by the Foundation Releasees.

Medical Insurance Company: \_\_\_\_\_ Medical Insurance ID #: \_\_\_\_\_

Medical Insurance Group #: \_\_\_\_\_ Medical Insurance Co. Phone #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician's Phone #: \_\_\_\_\_

In the event that emergency transportation becomes necessary, my hospital preference is:

\_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Caregiver Signature: \_\_\_\_\_

Guardian/Caregiver Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## AUTHORIZATION TO RELEASE PHOTOGRAPHIC OR VIDEOGRAPHIC INFORMATION

I, \_\_\_\_\_ (Applicant's full name), and I \_\_\_\_\_

parent or legal guardian of \_\_\_\_\_ (the "Applicant") hereby irrevocably CONSENT TO, AUTHORIZE, and GRANT to Erin's Hope for Friends Kentucky, Inc. (the "Foundation") and its affiliates, including but not limited to e's Club, and their respective subsidiaries, successors, and assigns (collectively, the "Foundation Parties") permission for the taking of photographs, video, audio, or other recording of my likeness and the Applicant's likeness in connection with the Program and any other function or event held, organized, or sponsored by the Foundation or in which the Foundation is involved. Furthermore, I hereby irrevocably CONSENT TO, AUTHORIZE, and GRANT to the Foundation Parties, worldwide and forever, the non-terminable and unlimited right to use, reproduce, and license my name and likeness and the Applicant's name and likeness and any photograph, video, audio, or other recording thereof, in all forms and media now known or hereafter invented, including without limitation portions, composites, likenesses, or distortions or alterations of same (collectively, the "Intangible Property Rights"), to be used in future print materials and Internet materials such as newsletters, annual reports, fundraising brochures, and other promotional and advertising materials for the Foundation Parties, and for any other lawful commercial or non-commercial purpose, as the Foundation Parties may see fit. All negatives, positives, video or audiotapes, electronic files, or other recordings, together with any prints shall constitute property of the Foundation Parties, solely and completely.

I hereby release, discharge and hold harmless each of the Foundation Parties and their respective directors, officers, employees, agents, representatives, successors, assigns, or any person or entity acting under the permission of the Foundation Parties, including without limitation any person or entity publishing or distributing the finished prints, photographs, video or audiotapes, electronic files, or other recordings, from any claims or losses arising out of any such person's or entity's use of my Intangible Property Rights.

It is the purpose of this release to grant the Foundation Parties all additional rights with respect to the use of the Intangible Property Rights and associated materials.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Caregiver Signature: \_\_\_\_\_

Guardian/Caregiver Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



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## Lexington e's Club EXPECTATIONS & CODE OF CONDUCT

The mission of Erin's Hope for Friends is to create lasting relationships through joyful interactions for autistic teens and young adults. Our vision is to fundamentally change the lives of teens and young adults with autism by providing a safe, supportive place for them to connect with others, build relationships, and have fun. Those who benefit from e's Club members-only events are generally able to do the following with minimal support:

- Maintain safe language and behavior
- Communicate basic wants and needs
- Share materials, space, and activities
- Complete necessary hygiene needs

Lexington e's Club recognizes the right of all e's Club members and visitors to enjoy participation in our programs and facilities, including any virtual programs, without fear for their personal safety or abuse. Lexington e's Club Ambassadors are expected to uphold the expectations and code of conduct and to inform an e's Club staff member if any violations are observed.

- Use appropriate language and behavior; there is zero tolerance for bullying of any kind.
- Be free from use and possession, nor be present during the use by others: of alcohol, tobacco products, drugs, weapons, and any items which are considered inappropriate or that contribute to vandalism/graffiti.
- Abstain from intimate displays of affection or sexual activity.
- Refrain from making negative or derogatory comments about others participating in e's Club. All interactions must be polite, courteous, and respectful.
- Follow directions of e's Club volunteers and staff members and act in a safe and responsible manner.
- Verbal comments related to gender, gender identity and expression, age, sexual orientation, disability, physical appearance, body size, race, ethnicity, national origin, or religion are strictly prohibited.
- Clothing that displays offensive, vulgar, or obscene pictures, emblems, or text is prohibited. Failing to adhere to the following policy will result in the member being asked to wear an e's club t-shirt or sent home for the evening.

### **Certification and Agreement**

**Information True and Correct.** *The undersigned individual (the "Applicant") certifies that all the information he/she has provided in this Application and Agreement (this "Agreement") is true and correct.*

**No Felony Offense or Restraining Order.** *The Applicant further certifies that he/she has never been charged with a felony offense and that he/she is not subject to any judicial order that prevents or prohibits the Applicant from working with children.*

**Waiver and Release.** *The Applicant acknowledges and agrees that Erin's Hope for Friends Kentucky Inc. (the "Foundation") is not responsible for any death, injuries or damage to Applicant or Applicant's property that may result from Applicant's involvement in activities relating to this Agreement. Applicant waives, releases and covenants not to sue the Foundation, its directors, agents, employees, attorneys, agents and other volunteers (collectively, the "Foundation Releasees") from any claims, demands or causes of actions that may arise from such activities.*



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COVID-19 Waiver and Release. In addition to any other risks posed by Applicant's involvement in activities related to this Agreement, Applicant understands that, despite any safety precautions being taken by Foundation, by volunteering with Foundation, there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. Volunteer waives, releases and covenants not to sue the Foundation Releasees from any claims, demands or causes of actions that may arise from such risk.

Compliance. Applicant agrees to comply with and follow all rules and requirements that Foundation may provide from time to time with respect to volunteer activities. Applicant agrees to indemnify and defend Foundation against any third-party claims and any losses or damages resulting from Applicant's breach of this Agreement.

Permission to Publish Likeness. Applicant grants the Foundation permission to use any photographs, video, name, likeness or quotations of Applicant obtaining during any such activities to promote the interests of the Foundation.

Confidentiality. Applicant agrees to keep confidential and not use for any purpose (other than those authorized by the Foundation) any confidential information of the Foundation obtained by Applicant at any time, including but not limited to any personal, health or family information regarding any clients, employees, volunteers, or beneficiaries of the Foundation, any financial or business information of the Foundation, or any information related to any investigation or incident that occurs during Foundation activities. Applicant agrees that this confidentiality obligation is reasonable and necessary to protect the work of the Foundation; and that irreparable loss and damage may be suffered by the Foundation if Applicant should breach this obligation. Applicant agrees that, in addition to termination of the volunteer engagement and any other remedies provided by law or in equity, the Foundation will be entitled to a temporary restraining order and temporary and permanent injunctions to prevent a breach or contemplated breach of this obligation.

Mandatory Reporting of Child Abuse or Neglect. Applicant acknowledges and agrees that the Foundation will report to appropriate authorities any suspected instance of child abuse or neglect. Applicant agrees promptly to notify the Foundation if Applicant reasonably suspects any instance of child abuse or neglect.

No Pay/Termination. Applicant acknowledges and agrees that if Applicant is selected by the Foundation for a non-remunerative volunteer assignment, such selection is subject to termination by the Foundation at any time.

Applicant's Signature: \_\_\_\_\_

Applicant's Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian/Caregiver Signature: \_\_\_\_\_

Guardian/Caregiver Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_