

AIUSA MINOR ATTENDANCE AT EVENTS POLICY updated 08/09/2018

Purpose:

Amnesty International USA (“AIUSA”) is committed to providing and maintaining a safe environment for all individuals. AIUSA sponsors events for youth leaders to further their understanding of and participation in human rights activism and leadership. AIUSA recognizes that additional measures may be required to promote and ensure the safety of minors. Participants are responsible for their actions and should adhere to the following guidelines and be bound by the following waiver. This policy is specifically for minors who will be traveling to an AIUSA event or attending an AIUSA meeting or training.

Definitions:

- a. Minor: Any person under the age of eighteen (18) on first day of travel or overnight stay.
- b. Unaccompanied Minor: A minor without their parent or legal guardian present.
- c. Adult: Any person eighteen (18) or older.
- d. Chaperone: Designated adult who will be responsible for an unaccompanied minor during an AIUSA event. Among others, Chaperones may include adult AIUSA staff, members, or member leaders subject to the approval of AIUSA and the execution of a Chaperone Agreement.

Guidelines:

- a. **Code of Conduct:** Minor participants are expected to conduct themselves in a professional and respectful manner including but not limited to: actively participate in sessions; not consume or possess alcohol or illegal drugs; remain with their group/chaperone on event premises; and treat staff and peers in a respectful manner that adheres to the rules of conduct for the event.
- b. **Travel:** Minor will be required to inform chaperone in the event of any travel changes and upon arrival at their travel destination. Arrangements will be made with chaperone to meet unaccompanied minor at the airport, train or bus station and escort to event site (some arrangements may be made on the day of departure). Minor’s parent or guardian is responsible for getting them to the initial departure destination and picking them up. As much as possible, AIUSA will attempt to book direct travel, and have a plan for what the minor will do if they encounter a travel delay.
- c. **Check-Ins:** Unaccompanied minor participants must participate in regular check-ins with designated chaperone. Check-in times/location will be determined with chaperone ahead of event.
- d. **Rooming:** In cases where AIUSA provides accommodation for participants all changes to rooming assignments must be approved by AIUSA. Gender identity and age will be considered in rooming assignments.
- e. **Oversight:** Minors are required to be accompanied by a chaperone, parent or legal guardian onsite when attending AIUSA events.
- f. **Violations:** Violations of the code of conduct may result in participant being asked to leave along with a reevaluation of their leadership role and/or participation within AIUSA.

Parental Waiver:

AIUSA’s parental waiver form is required for any unaccompanied minor attending any AIUSA event, training or meeting. Please submit a completed waiver agreement to LobbyDay@aiusa.org by Monday,

April 22nd, 2019. Unaccompanied minor attendees who do not submit a signed waiver form will not be allowed to participate.

Chaperone Agreements:

Chaperone agreements are required for any unaccompanied minor attending any AIUSA event, training or meeting. Chaperones require the approval of AIUSA to assume the responsibility of being a chaperone along with the number of unaccompanied minors they are permitted under their supervision. Please ensure a chaperone is arranged for any unaccompanied minor planning to attend an AIUSA event.

Please read the waiver carefully, if you have any questions contact LobbyDay@aiusa.org .

Please sign the required documentation and email a copy to LobbyDay@aiusa.org .

WAIVER AGREEMENT

Please Read This Document (the "WAIVER AGREEMENT") Carefully Before Signing. This Waiver Agreement Will Affect Your Legal Rights And Will Limit or Eliminate Your Ability to Bring A Future Lawsuit.

AMNESTY INTERNATIONAL USA

EVENT: 2019 Lobby Day

DATE: May 4-6, 2019

LOCATION: Washington D.C.

EXPRESS ASSUMPTION OF RISK, RELEASE, WAIVER OF LIABILITY, INDEMNIFICATION AND COVENANT NOT TO SUE AGREEMENT ("WAIVER AGREEMENT")

In consideration for the service of Amnesty International USA, its employees, directors, officers, agents, members and volunteers (collectively referred to herein as "AIUSA"), and in further consideration of allowing me and/or my dependent minors to participate in AIUSA activities, events and/or training ("Activities") and to use the facilities where they are undertaken, I, on behalf of myself and my dependents, executors, administrators, heirs, next of kin, successors and assigns, and anyone else who might attempt to sue on my behalf, agree as follows:

I understand and am aware that all AIUSA Activities and participation in, accommodation at and/or transportation to and from such Activities are, in whole or in part, potentially HAZARDOUS ACTIVITIES involving INHERENT AND OTHER RISKS of injury to any and all parts of the body. I have made a voluntary choice for myself and my dependent minors to ACCEPT AND ASSUME ALL RISKS OF INJURY, ILLNESS, LOSS (economic and non-economic), DAMAGE OR DEATH that might be associated with or result from the Activities.

To the fullest extent allowed by law, I agree to RELEASE FROM LIABILITY, and to DEFEND, INDEMNIFY AND HOLD HARMLESS AIUSA from any and all claims, causes of action, damages, losses (economic and non-economic), and liabilities of every kind in law, equity, or otherwise, known or unknown, suspected or unsuspected, disclosed or undisclosed, for damages, losses, liabilities, costs and expenses, actual or consequential, past, present and future, for death, personal injury or property damage, including but not limited to attorneys' fees and litigation expenses, arising out of or resulting from, directly or indirectly, in whole or in part, or in any way connected with, the Activities, even if caused by NEGLIGENCE including but not limited to any NEGLIGENCE by or attributable to AIUSA or any of its officers, directors, employees, agents or representatives. I further AGREE NOT TO MAKE A CLAIM, COMMENCE ARBITRATION OR SUE FOR INJURIES, ILLNESS, LOSS (economic and non-economic), DAMAGE OR DEATH RELATING TO THE ACTIVITIES, or which may arise out of, result from, or relate to my participation in, accommodation at, or my traveling to or from the Activities, including but not limited to any claims for theft, damage to any property, negligence, partial or permanent disability, claims relating to the provision of first aid, medical care, medical treatment, or medical decisions (at the Activities site or elsewhere), and any claims for medical or hospital expenses, even if caused by NEGLIGENCE including but not limited to any NEGLIGENCE by or attributable to AIUSA

or any of its officers, directors, employees, agents or representatives. I understand AIUSA is not responsible for any personal property lost or stolen while I or others are participating in the Activities.

I further understand and agree that this Agreement is intended to be as broad and inclusive as is permitted by law. If one or more provisions of this Release are held to be unenforceable under applicable law, such provision shall be excluded from this Release and the balance of this Release shall be interpreted as if such provision were so excluded and shall be enforceable in accordance with its terms.

I agree (i) that no representations, statement, promise or inducement has been offered in connection herewith; (ii) that this Waiver Agreement is executed without reliance upon any statement or representation by AIUSA or its respective representatives, concerning the nature and extent of damages, if any, and of legal liability therefore, if any; and (iii) that I accept full responsibility therefore.

MEDICAL TREATMENT AND FIRST AID AUTHORIZATION

I recognize that medical or dental care may be necessary for myself or my minor dependents during the course of the Activities. I AUTHORIZE AIUSA AND COORDINATORS OF THE ACTIVITIES TO RENDER FIRST AID OR EMERGENCY CARE. In addition, I authorize AIUSA to call for medical or dental care for myself or my minor dependents if, in the opinion of AIUSA, medical or dental care is needed. I AGREE TO PAY FOR ALL EXPENSES AND COSTS ASSOCIATED WITH SUCH CARE AND RELATED TRANSPORTATION. In addition, I hereby authorize and consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and/or emergency staff and/or dentist currently licensed to practice in the State and the staff of any accredited acute general hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the physician in the exercise of his or her best judgment may deem advisable. It is understood, my medical condition allowing, that effort shall be made to consult me prior to rendering of treatment, but that any of the above treatment will not be withheld if I am incapacitated or not physically capable of giving consent.

I HEREBY ACKNOWLEDGE THAT ALL THE INFORMATION I HAVE PROVIDED IN THIS WAIVER AGREEMENT IS TRUE, CORRECT AND COMPLETE. I AGREE TO UPDATE THIS WAIVER AGREEMENT AS NECESSARY. I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ, UNDERSTOOD AND ACCEPTED EACH OF THE ABOVE PROVISIONS OF THIS WAIVER AGREEMENT AND VOLUNTARILY SIGNED THIS AGREEMENT AND THAT I AM RELEASING SIGNIFICANT LEGAL RIGHTS BY SIGNING IT.

PARENT OR GUARDIAN ACKNOWLEDGMENT

The undersigned _____ is the parent or legal guardian of _____ (minor participant's name) and hereby acknowledges that I have executed the Waiver Agreement for and on behalf of the minor named herein. As the parent or legal guardian of such minor, I hereby bind myself, the minor, and our executors,

administrators, heirs, next of kin, successors, and assigns to the terms of the foregoing Waiver Agreement. I represent that I have the legal capacity and authority to act for and on behalf of the minor named herein, and I agree to indemnify, defend and hold harmless the persons or entities mentioned in the Waiver Agreement for any expenses incurred, claims made, or liabilities assessed against them, as a result of any insufficiency of my legal capacity and authorization for medical treatment.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility ("Medical Provider") to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by the minor arising out of or relating to the Activities. I authorize any such Medical Provider to perform all procedures deemed medically advisable by the Medical Provider in attempting to treat or relieve such injuries. I consent to the administration of anesthesia as deemed advisable during the course of such treatment. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of the minor and myself. I acknowledge that no warranty is being made as to the results of any medical treatment.

NAME OF PARTICIPANT(S)

SIGNATURE REQUIRED:

X

SIGNATURE OF PARENT OR GUARDIAN DATE

For PARTICIPANTS under 18 years of age, a parent or legal guardian must sign the above WAIVER AGREEMENT and complete the following section.

PARENT CONTACT INFORMATION

Printed Name(s) of Parent(s) or Guardian(s) _____
Parent/Guardian Address _____
Parent or Guardian Phone Number (home/cell) _____

PARTICIPANT'S EMERGENCY MEDICAL INFORMATION

Name: _____
Birth date: ____ / ____ / _____
Address: _____
Phone (home/cell): _____
Sex: ____
Allergies to drugs, foods, insect bites, bee stings etc.: _____
List all medications for which the participant currently holds a prescription and indicate which ones the participant will be taking during the Activities: _____

List all medical conditions of which the Activities coordinators should be aware or which may affect the participant's ability to participate in any aspect of the Activities (such as asthma, heart disease, diabetes or neuromuscular or skeletal impairment): _____

FAMILY PHYSICIAN

Name _____
Address _____
Phone (home/cell) _____
Insurance company _____
Policy# _____

EMERGENCY CONTACT

List the persons we should call in case of an emergency. We will try to contact them in the order that they are listed below.

Full Name _____
Relationship _____
Daytime Phone _____
Mobile/Cell Phone _____

Full Name _____
Relationship _____
Daytime Phone _____
Mobile/Cell Phone _____

CHAPERONE AGREEMENT

I _____ (chaperone's name) agree to act as a chaperone for the following minor _____ (minor's name) during the _____ (event name) sponsored by Amnesty International USA held during _____ (dates). Additional minors for which I am also assuming responsibility are listed below. Chaperone duties include that I must be onsite during the entire Amnesty International USA event, that I must know where the whereabouts of the minor(s) at all times and hold check-ins with them, and that I must stay/lodge at the same venue/accommodations as the minor(s).

Chaperone Contact Information:

Phone (cell preferred) _____

Email _____

Address _____

Relationship to Minor _____

Signature:

Chaperone

Additional minors are listed here:

_____, _____
_____, _____
_____, _____