



Dear Parent or Guardian:

We are excited to have your child participate in Sleep Out on March 15 - March 16, 2024, at The Jacob Javits Center. Please complete the form below to confirm that you consent to your child's participation in this event and identify the adult who will be responsible for supervising them throughout the evening.

**Please note: the minimum age to participate in Sleep Out is 13 years old by the day of the event and all participants must be registered for the event before March 14, 2024.**

A signed copy of this form should be emailed to Annie Ladd at [sleepout@covenanthouse.org](mailto:sleepout@covenanthouse.org) and your child should bring the original copy with them to the event.

Sincerely,

Annie Ladd  
[sleepout@covenanthouse.org](mailto:sleepout@covenanthouse.org)



## PARENTAL CONSENT, WAIVER AND LIABILITY RELEASE AGREEMENT

Youth Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
PRINT CHILD'S NAME

Parent/Guardian Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian Cell Phone Number(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

1. Consent to Participate. The undersigned is the parent or legal guardian of the above named child and confirms that the above named child has or will have reached at least thirteen (13) years of age on or before March 15, 2024 and hereby grants permission for said child to participate in the Sleep Out event taking place on March 15-16, 2024 in the Jacob Javits Center in New York, NY (the "Event") in accordance with the terms of this Agreement.

2. Chaperone Appointment. I understand that all Event participants must be at least 13 years old at the time of the Event and any participant under the age of 18 must be accompanied by an adult at all times. If I am unable to participate and attend the Event with my child, my child will only be allowed to participate in the Event if I appoint a qualified, adult chaperone who shall accompany my child at all times during the Event.

A qualified, adult chaperone is any individual that is: (i) at least 21 years of age, (ii) another parent or legal guardian or teacher of my child's participating school or program, and (iii) is not employed by Covenant House, Covenant House New York or Covenant House New Jersey. Please select the appropriate response below:

☐ I hereby appoint \_\_\_\_\_ as my child's adult chaperone for the Event. I confirm that this individual is a qualified, adult chaperone as defined above. I understand that neither Covenant House nor its affiliates are responsible for performing any background checks or confirming that the appointed chaperone meets the criteria. Although Covenant House and its affiliates reserve the right to confirm the chaperone's qualifications, they shall not be responsible for doing so and may solely rely on my representation. In addition, Covenant House shall not be responsible for monitoring the chaperone during the Event. I further understand that the chaperone shall assume total responsibility of my child during the Event.

☐ I will be participating with my child and will not need to appoint a chaperone. If the circumstances change, I will immediately notify Covenant House and appoint a qualified, adult chaperone at that time. I understand that I must complete the online registration for myself as well as for my child.

3. Waiver and Liability Release. I HEREBY ASSUME ALL OF THE RISKS OF MY CHILD PARTICIPATING IN THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released (Covenant House International, Covenant House New Jersey, Covenant House New York, and their directors, officers, employees,



volunteers, representatives, affiliated entities, and agents, collectively referred to as “Releasees”), from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault. I certify that there are no health-related reasons or problems which preclude my child’s participation in the Event and related activities. I acknowledge that this Waive and Liability Release will be used by the Event holders, sponsors, and organizers of the Event in which my child will participate, and that will govern my child’s actions and responsibilities at said event.

In consideration of permitting my child to participate in the Event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE the Releases from any and all liability, including but not limited to, liability arising from the negligence or fault of the Releases, for my child’s death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me or my child during the Event and my child’s travel to and from the Event; and
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the Releases for any and all liabilities or claims arising from my child’s participation in the Event, whether caused by negligence or otherwise.

The accident waiver and release of liability above shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

4. Consent to Medical Treatment. I hereby consent to my child receiving medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Event or related activities.

5. Photo Release. I understand that at the Event and related activities, my child may be photographed or otherwise recorded. I agree to allow my child’s photo, video, or film likeness to be used for any legitimate purpose by the Event holders, producers, sponsors, organizers and assigns.

**SIGNATURE(S) (only one signature is required):**

I confirm that I have read, understand and agree with the requirements for my child’s participation in the Sleep Out. I further certify that I have read this document in its entirety and I fully understand its content. I am aware that this document also includes a Waiver and Release of Liability and I sign it of my own free will.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

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and have your child bring the original with them to the event.**