

I, the undersigned parent or guardian ("PARENT") of the minor child ("MINOR") indicated below, agree to the following :

I. JUNIOR MEMBERSHIP CONSENTS: *PARENT completion of the following section is mandatory for all prospective Junior Members of the Overlook Auxiliary:*

- I am aware that MINOR seeks to join the Overlook Auxiliary as a Junior Member during the 2022-2023 school year and is a student in Grades 9-12 (or equivalent). (If applicable, and as further discussed and defined in the below Section II, references to MINOR's Junior Membership will also encompass MINOR's Twig Membership.)
- Having familiarized myself with the Overlook Auxiliary (visit oaux.org for more information) and its purpose to support the Overlook Medical Center community ("PURPOSE"), I consent to and support MINOR's becoming a Junior Member for this time period. I understand that Overlook Medical Center and Overlook Auxiliary constitute independent organizations.
- I understand that MINOR is required to pay dues in the amount of \$10 to become or remain a Junior Member for the time period. I understand that these dues will be used to support the Overlook Auxiliary and the PURPOSE.
- I understand that, as a Junior Member, MINOR may be invited to, participate in, organize, and/or otherwise be involved with certain events, meetings, fundraising activities, volunteer efforts, and other like endeavors that are sponsored by or associated by Overlook Auxiliary ("ACTIVITIES"). If applicable, ACTIVITIES will also include TWIG PURSUITS, as defined in Section II below. Overlook Auxiliary represents that all such ACTIVITIES will comply with all applicable laws, rules, and regulations.
- I consent to MINOR's Junior Membership and to MINOR's participation in or involvement with any and all such ACTIVITIES. I further acknowledge and agree that it is my responsibility to know of the MINOR's attendance at, as well as the extent of his/her/their involvement in, any such ACTIVITIES.
- I understand that it is my right to revoke any or all of the consents indicated on this document, in whole or in part, at any time. Should I wish to do so, I understand that it is my responsibility to notify MINOR and to provide the Overlook Auxiliary office (info@oaux.org) with reasonable advance written notice.
- I agree, on behalf of myself and MINOR, to assume any and all risks (including, but not limited, to those related to COVID-19) associated with MINOR's Junior Membership and/or participation in any ACTIVITIES. Further, I agree to indemnify and hold harmless the Overlook Medical Center, the Overlook Auxiliary, its Trustees, and its members (including, but not limited to, any Twigs, Twig Chairpersons, Junior Twig Chairpersons, and/or Junior Twig Supervisor(s), as such terms are discussed and defined in the below Article II), for any accident, damage, injury, illness, claim, or other liability that occurs during or in relation to any ACTIVITIES and/or is otherwise related to MINOR's Junior Membership. I acknowledge that I am responsible for any damage to any premises caused directly or indirectly by MINOR at any ACTIVITIES.
- I agree to provide my contact information and that of an adult additional emergency contact below. I may also opt to share MINOR's contact information by indicating such in the designated location below.

II. TWIGS: *Parent completion of the following section is required ONLY if a Junior Member wishes to become a Twig Member.*

Twigs are "branches" (small groups) of the Overlook Auxiliary that are comprised, in whole or in part, of Junior Members. Junior Members are not required to join a Twig. However, in order to join a Twig, one must be a Junior Member.

In addition to the rights and obligations set forth in Section I, Twig members may also be invited to, be required to undertake, participate in, organize, and/or otherwise be involved with certain events, meetings, fundraising activities, volunteer efforts, and other like endeavors that are sponsored by or associated with their Twig ("TWIG PURSUITS"). If applicable, I understand and agree that the consents provided by me in Section I, as well as the rights afforded to me and the obligations assumed by me in Section I, apply to MINOR'S participation in any Twig and/or TWIG PURSUITS. I understand that Twig membership may also require the payment of additional dues, such as may be determined by an individual Twig.

Complete: MINOR intends to join the following Twig for the 2022-2023 school year:

Select one: This is a(n):

- _____ IN-SCHOOL TWIG, associated with the following school: _____. I understand and agree that this In-School Twig will be supervised by a school employee, who may or may not be a member of or otherwise associated with the Overlook Auxiliary. This In-School Twig will be required to comply with the rules and regulations of the above-referenced school, over which the Overlook Auxiliary has no authority or rights of enforcement. **PARENT Initials:** _____
- _____ INDEPENDENT TWIG. I understand that this Independent Twig is not affiliated with a school, and will be supervised by an adult member of the Overlook Auxiliary whose supervisory eligibility shall be confirmed by the Overlook Auxiliary Board of Trustees. **PARENT Initials:** _____

III. PHOTO RELEASE: *Parent completion of Section III is OPTIONAL.*

- I give the Overlook Auxiliary and Atlantic Health System my permission to use MINOR's name and photo/image in any media associated with the Overlook Auxiliary and Atlantic Health System, including, without limited to, print media, social media, and electronic media.
PARENT Initials: _____
- I further give my permission to use MINOR's name and personally-identifiable information (including MINOR's address, phone, and e-mail) in the Overlook Auxiliary directory. I understand that the Overlook Auxiliary directory is made available to all Overlook Auxiliary members via a password protected website. **PARENT Initials:** _____

	PRINTED NAME	SIGNATURE	PHONE	E-MAIL
PARENT				
MINOR			*optional	*optional
ADDITIONAL EMERGENCY CONTACT		NOT REQUIRED		