



## UNDERSTANDING

**Activity:** Because I Love You (BILY), a Volunteer Parent-To-Parent Support Group

**Activity Date(s) and Time(s):** Typically Mondays and Tuesdays 6:30 to 8:30

Because I Love You (BILY) is a nonprofit organization dedicated to providing support and strategies to parents facing difficulties parenting children, including teenage or older adult children. All BILY participants, including BILY volunteers, are parents, sharing their personal experiences, and other situations they have learned of over the course of time and may not be applicable to any participant's situation, including mine, other than the individual sharing the information.

I am voluntarily participating in this Activity free of charge. I am aware that some, and potentially all, of the shared experiences, recommendations, or perspectives offered during the Activity or follow up communications that may arise from time-to-time may not be right for my child(ren) or my family. I further understand that all communications offered during the Activity or any follow-up activities are offered for my consideration only, and I am totally responsible for my family and children: making my own independent evaluations and decisions, thus being solely responsible and accountable for any and all outcomes.

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability, promise not bring claim against, and hold harmless BILY and their employees, officers, directors, volunteers, and agents from any and all claims, known or unknown, from and during the Activity. If BILY, its employees, officers, directors, volunteers, and agents, incur any expense to defend themselves from any such claim submitted by you, or any other party, group, or entity on your behalf, then I agree to reimburse BILY, its employees, officers, directors, volunteers, and agents for such direct or indirect expenses.

I am 18 years or older. I understand the legal consequences of signing this document. I further understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I also agree that if any portion of this document is held invalid or unenforceable, I will continue to be bound by the remaining terms. In addition, I understand that I have a right to have an attorney review this document before signing it.

I have read this document, and I am signing it freely.

Participant Signature: \_\_\_\_\_

Participant Name (print): \_\_\_\_\_ Date: \_\_\_\_\_