



NATIONAL STUTTERING ASSOCIATION

CHANGING THE LIVES OF PEOPLE WHO STUTTER

FAMILY CHAPTERS – NSA Teens AUTHORIZATION, WAIVER & RELEASE OF LIABILITY

The National Stuttering Association, a 501(c)(3) non-profit organization, has Family Chapter support groups throughout the country. Some of the Family Chapters operate as teen-only (ages 13-17) or combined Family Chapters (ages 7-17). For these meetings, teens under the age of 18 ("Minors") are permitted to attend without a parent or other responsible adult, but only if the teen's parent or legal guardian signs this Authorization, Waiver & Release of Liability form. **Minors under 13 are not permitted to attend a Family Chapter meeting or event without an accompanying adult under any circumstances.**

Instructions: The Parent or Legal Guardian shall complete this form and then may:

- Scan/email or mail the form to the NSA Office (see address and email below).
- Facsimile signatures are legally binding; or
- Give the completed form to the Chapter Leader who will send it in to the NSA office.

Print Full legal name of Minor Child: _____ ("my Child")

Child's Date of Birth: _____

Family Chapter (City/State): _____

Print Name of Parent/Legal Guardian: _____

As the parent or legal guardian of my Child, I hereby give permission for my Child to attend the Family Chapter support group meetings without me or any other accompanying adult. I understand that one or more Family Chapter Leaders or NSA Volunteers will be hosting the Family Chapter Meeting or event but cannot and will not be responsible for my Child before, during or after the meeting or event, or at any other time. I further understand that neither the NSA nor the Family Chapter or its volunteers are responsible for the safety or maintenance of the facility(ies) where the Family Chapter meetings are held.

By signing below, intending to be legally bound, I hereby agree to release from liability and to fully indemnify and hold harmless The National Stuttering Association (including its officers, directors and employees), the NSA Volunteers who are acting as Family Chapter Leaders or Meeting Hosts, and all the owners/employees associated with the facilities, materials or furnishings located at the facility(ies) where the NSA Family Chapter holds its meetings or events. This waiver and release is for any and all liability, including, but not limited to, personal injuries (including death), costs, expenses, property losses or damage occasioned by, or arising in connection with, any activity related to the Family Chapter meetings, events, or otherwise.

I have read this Authorization, Waiver & Release form in its entirety, fully understand its terms, and have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me, and intend for my signature to be a complete and unconditional release of liability to the greatest extent allowed by law. I understand that if I do not sign this form, my Child may only attend a Family Chapter meeting/event if he or she is accompanied by me or a responsible and accountable adult of my choosing.

Signature of Parent/Guardian of Minor Child

Date Signed