

Abode Respite Community Class Registration

Community Class Participation Waiver

Please fill-out every section on this registration form completely and bring with you for your first class. All participants requiring extra assistance, and are not a registered Abode Respite participant, must attend with a private Respite Support Worker. Participants AND their support worker in attendance must fill out this form to be permitted into Abode Respite, 269 Belle River Rd E, Cottam Ontario, NOR 1B0.

In consideration of participating in Abode's community classes I _____, [if applicable- parent or guardian of _____] acknowledge and understand the dangers and risks inherent in such activities related to these community programs including but not limited to preparing food, consuming certain foods and working with tools and appliances.

I/we realize that participation in Abode's community programs and activities could result in possible personal injury. Despite precautions being taken by Abode, accidents and injuries may occur. By signing this release form, I/we (the participant and/or parent/guardian) assume all risks related to the use of any and all spaces used by Abode Respite.

I/we agree to release from responsibility Abode Respite and Brooker Baptist Church including Board of Directors, Executive Director, participants, staff members, independent respite workers, and facilities used by both entities from any cause of action, claims, or demands now and in the future. I/we will not hold Abode Respite or Brooker Baptist Church liable for any personal injury including: scrapes, bruises, cuts, sprains, fractures, broken bones, illness, food borne illness, concussions or death or any personal property damage/loss, which may occur on the premises before, during or after Abode's community classes.

Furthermore, I/we agree to obey the class and facility rules and take full responsibility for my/our behavior in addition to any damage I/we may cause to the facilities utilized by Abode Respite/Brooker Baptist Church. I recognize that if my behaviour puts any other participant at risk, or makes it difficult for other participants to effectively complete the program, I will be required to leave and will not be reimbursed for that program.

I/we understand that it is my responsibility to notify the appropriate person- Abode Respite's Executive Director Heather McCann-Smith and other event host(s) of emergency medical information and have informed the instructor of ANY important medical information/food allergies/dietary restrictions for the participant/myself. I also understand that this Waiver of Liability and Release binds my heirs, executors, administrators, and assigns as well as myself.

Participant Signature _____ Date _____

[If Applicable]

Guardian Signature _____ Date _____

Private Respite Worker Signature _____ Date _____



PHOTOGRPAHY/ VIDEO – I give permission for my/ the participant’s picture/video to be taken and used for publicity and advertising Abode Respite, on Abode Respite’s website/social media sites, and in the community.

Participant/Guardian Signature: _____

Private Respite Worker Signature: _____

Registration

Participant Name _____

Participant Phone Number _____

Community Program Name _____

Accessibility Requirements:

Emergency Contact Information

Participant Emergency Contact / Relationship: _____

Participant Emergency Contact Phone Number: _____

Emergency Medical Information

Participant HC Number: _____

Allergies: _____

Medical Conditions that my impact my participation in this Community Program:

