

# Registration, Waiver, and Photo Release

## REGISTRATION INFORMATION

Name of Participant \_\_\_\_\_

Name of Parent/Caregiver \_\_\_\_\_

Date of Birth of Participant \_\_\_\_\_

Address of Participant \_\_\_\_\_

Phone Number where Parent/Caregiver May Be Reached \_\_\_\_\_

## WAIVER AND HOLD HARMLESS

I, \_\_\_\_\_, parent/caregiver of

\_\_\_\_\_ /  
in consideration of the event sponsored by **Calvary Lutheran Church, Voice of Care and REST**, hereby agree to waive and hereby waive all claims against **Calvary Lutheran Church, Voice of Care and REST** and its employees, volunteers, and directors (Indemnitees), for injuries or damages caused by, arising out of, or relating to my loved one's participation in the activity offered by **Calvary Lutheran Church, Voice of Care and REST** whether caused by, arising out of, or relating to negligence of Indemnitees or otherwise. I further agree to indemnify, save and hold Indemnitees harmless from any loss, liability, attorneys' fees, damage, or costs that they (or any of them) may incur arising out of or related to the activity offered by **Calvary Lutheran Church, Voice of Care and REST**, whether caused by the negligence of the Indemnitees or otherwise.

Signature of Parent/Caregiver \_\_\_\_\_

Date \_\_\_\_\_

## PHOTO RELEASE

I hereby grant permission to **Calvary Lutheran Church, Voice of Care and REST** to publish in print, electronic, or video format the likeness or image of myself for use in agency, school, church, and/or synod publications. I acknowledge **Calvary Lutheran Church, Voice of Care and REST** have the right to crop or treat the photograph at their discretion. I also acknowledge that **Calvary Lutheran Church, Voice of Care and REST** may choose not to use my photo at this time, but may do so at its own discretion at a later date. I release all claims against **Calvary Lutheran Church, Voice of Care and REST** with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Agreed to and accepted on this \_\_\_\_\_ day of \_\_\_\_\_ 2016, effective for one calendar year from this date.

Name of Participant \_\_\_\_\_

Signature of Parent/Caregiver \_\_\_\_\_

# Respite Program Information Form

## MEDICAL INFORMATION

Name of Participant \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

**(Please Note That Our Volunteers Are Not Authorized to Administer Medicine)**

### Please Indicate If Participant Experiences Any of the Following:

Seizures\_\_\_\_ Headaches\_\_\_\_ Earaches\_\_\_\_ Sinus Condition\_\_\_\_  
Sore Throat\_\_\_\_ Cough\_\_\_\_ Colds\_\_\_\_ Choking Problem\_\_\_\_  
Fever\_\_\_\_ Heart Condition\_\_\_\_ Hives\_\_\_\_ Respiratory Problem\_\_\_\_  
Upset Stomach\_\_\_\_ Constipation\_\_\_\_ Diarrhea\_\_\_\_ Menstruation\_\_\_\_

Provide Additional Details Here \_\_\_\_\_

### Please Indicate the Participant's Level of Toileting

Needs No Help\_\_\_\_ Minimal Assistance\_\_\_\_ Wears diapers/briefs\_\_\_\_

Has to Be Transferred to Toilet by Others \_\_\_\_\_

**(Please Note That Our Volunteers Are Not Trained in Toileting Procedures)**

### Please Indicate the Participant's Eating Abilities

Eats with Utensils\_\_\_\_ Eats Finger Foods\_\_\_\_ Drinks from Cup with Help\_\_\_\_

Needs to Be Fed\_\_\_\_ Diet Restrictions\_\_\_\_\_

### Please Indicate the Participant's Communication Skills

Verbal\_\_\_\_ Limited Verbal\_\_\_\_ Non-Verbal\_\_\_\_ Signs\_\_\_\_

Communication Device \_\_\_\_\_ Foreign Language (which one)\_\_\_\_\_

## EMERGENCY FORM

Additional Emergency Contact \_\_\_\_\_ Telephone\_\_\_\_\_

Primary Physician \_\_\_\_\_ Telephone\_\_\_\_\_

Name of Health Insurance Provider \_\_\_\_\_

Primary Insured \_\_\_\_\_ ID/Group # \_\_\_\_\_

Public Aid Case # \_\_\_\_\_ Recipient # \_\_\_\_\_

**PERMISSION TO RELEASE YOUR LOVED ONE TO AN AUTHORIZED PERSON**

**To be used only if the parent/caregiver runs into an emergency situation and is not able to return on time. Not used as a legal document for hospital.**

If, for any reason, I \_\_\_\_\_, the parent/caregiver for \_\_\_\_\_, am not able to receive my loved one at the end of the respite care event, I am authorizing the volunteer respite workers to release my loved one to the following persons:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**MUTUALLY AGREED AND SIGNED**

I also acknowledge that prior to a volunteer respite worker releasing my loved one to the above-named individuals, that they must first show picture identification.

Signature of Parent/Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Respite Worker Signature: \_\_\_\_\_ Date: \_\_\_\_\_