

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 _____ 20____, 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: _____