

ZACK'S PLACE
Independent Participant Form

COVID Vaccine Required for in person programs: Please attach a copy of your complete vaccine card. If you are unable to receive a vaccine, for health reasons contact Zack's Place at 802-457-5868 with your information or email execdir@zacksplacevt.org.

Guardian or Family Members Name Filling out Form _____
Participants Name that is attending Programs _____
Your Email Address _____

Relationship to Participant: _____
Your Telephone (day) _____ (evening) _____
Email _____

ZP Release Statement

As a Guardian of a participant _____ (Your name), I understand that:
although ZP staff will exercise many cautions to prevent mishaps (including adequate adult supervision, extreme care in potentially dangerous situations, clear communication with participants), injuries are still possible. Provided that adequate precautions have been taken by ZP staff, I will assume all risks of injury, hereby releasing and holding harmless Zack's Place, its employees or agents from liability for any such injury.

Aide or Family Members
Signature _____ Date _____

Please submit Health and Emergency Care Form to:
Dail Frates
Executive Director
Zack's Place
P.O. Box 634,73 Central Street
Woodstock, VT 05091
(802) 457-5868