

ZACK'S PLACE
Aide or Family Member Form

Guardian or Family Members

Name of participant _____

Date _____

Your Email Address _____

Your Name: _____

Relationship to Participant: _____

Telephone (day) _____ (evening) _____

Home

Address _____ Email _____

Other Family Member or Aide: _____

Telephone (home) _____ (cell) _____ (wk) _____

Home Address _____

Mailing Address _____

ZP Release Statement

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:

Beth Robinson

Executive Director

Zack's Place

P.O. Box 634, 73 Central Street

Woodstock, VT 05091

(802) 457-5868