

ZACK'S PLACE

Participant Form

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:

Beth Robinson

Executive Director

Zack's Place

P.O. Box 634,73 Central Street

Woodstock, VT 05091

(802) 457-5868

