

## ZACK'S PLACE

### Aide, Family Member and Independent Participant Form

Guardian or Family Members

Name/Programs \_\_\_\_\_  
\_\_\_\_\_

Participant's Name (last, first) That you are attending with \_\_\_\_\_  
Date \_\_\_\_\_

Your Email Address \_\_\_\_\_  
\_\_\_\_\_

**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](mailto:execdir@zacksplacevt.org).**

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

As a participant of \_\_\_\_\_ (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