PARTICIPANT INFORMATION

I am interested in attending or learning more about the following activities (please check all that apply):

☐ HAFriends ☐ Weekly Dances ☐ Theater ☐ Ft Ben Day ☐ 500 Parade
☐ Symphony on the Prairie ☐ Stonycreek Bonfire ☐ Other Special Events

Suggestions for activities or events you would like to see in the future:

_____

PARTICIPANT LAST NAME _____PARTICIPANT FIRST NAME _____

Date of Birth ____ / ____ /____ ☐ Male ☐ Female

Street Address _____

City/State/Zip _____

This address is: ☐ Family Home ☐ Individual's Home ☐ Supported Living Site ☐ Group Home

Participant Home Phone _____ Participant Cell Phone _____

Participant E-mail _____

Description of Disability _____

Allergies _____

Important Medical History _____

_____

Any history of seizures (if one occurred anytime in lifetime, please mark yes)? ☐ Yes ☐ No
If yes, please also fill out the attached seizure form.

Current Medications _____

_____

If medications are required during any HAF activity, caregiver(s) must be in attendance. In the case of HAFriends, special arrangements must be made with the Program Director.

Other Important Information _____

HAF staff can administer the following over-the-counter medication(s) if requested:

☐ Tylenol ☐ Advil ☐ Aspirin ☐ Aleve ☐ Benadryl ☐ Pepto-Bismol

Revised 4/18/17

PRIMARY CAREGIVER(S): ☐Family ☐Agency

Name(s) _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Primary Caregiver E-Mail Address _____

EMERGENCY CONTACT (*if different from primary caregiver)*

Name & Relationship _____

Phone #1_____ ☐ Call ☐ Text

Phone #2_____ ☐ Call ☐ Text

PREFERRED MODE OF CONTACT
Please number according to preference with 1 being most preferred.

1 Call _____ _____
Name Number

2 Text _____ _____
Name Number

3 Email _____ _____
Name Email

PREFERRED DELIVERY OF HAF MAILINGS
Please check all that apply.

☐ Paper Mailing
☐ Send to Participant's Address ☐ Send to Primary Caregiver's Address
☐ Send to this address: _____
Name & Address

☐ Email
☐ Participant's Email ☐ Primary Caregiver's Email
☐ Send to this email: _____
Name & Email

Revised 4/18/17

BLANKET PERMISSION & EMERGENCY/MEDICAL RELEASE

I hereby give permission for the above-named individual to participate in *all* activities sponsored by the Hollis Adams Foundation, including transportation inherent with various activities, and to receive appropriate medical treatment. I agree that the Hollis Adams Foundation will be relieved of any liability for, or expense incurred with, any injury sustained or medical necessity. Permission will be effective until it is withdrawn in writing by this individual or his or her legal representative.

By signing below, I acknowledge that I have read the above waiver and agree to its terms.

☐ ☐ ☐

Participant/Parent/Guardian Signature (Circle One)_____Date_____

SERVICES AT WILL

Hollis Adams Foundation is a private foundation and does not have the capacity to meet the needs of every individual with special needs. Therefore, the HAF Board of Directors has the sole discretion to refuse or discontinue services and exclude any person from participating in future HAF sponsored events if it has been determined that we cannot effectively meet their needs. HAF provides services at will and can discontinue services if the participant no longer meets HAF criteria.

By signing below, I acknowledge that I have read the above waiver and agree to its terms.

☐ ☐ ☐

Participant/Parent/Guardian Signature (Circle One) _____ Date_____

RECEIPT OF NEW PARTICIPANT PAPERWORK

I need the following materials before starting at HAF: Emergency Contact Information, HAF Waivers, Third Party Waivers, Medication Permission, Notice of Privacy Practices, Seizure Form, IndyGo Half Fare Application, and the Parent/Guardian/Caregiver Handbook. By signing below, I acknowledge that I have received all of these forms on the date indicated. I understand that these are for my records. I also have the right to ask questions about any of these documents at any time in the future.

By signing below, I acknowledge that I have read the above waiver and agree to its terms.

☐ ☐ ☐

Participant/Parent/Guardian Signature (Circle One) _____ Date_____

PHOTO RELEASE FORM

I hereby consent to and authorize the use and reproduction, in print or in electronic format including but not limited to use on the Hollis Adams Facebook Page and the official Hollis Adams website, by Hollis Adams Foundation (HAF) or anyone authorized by HAF, of any and all photographs or videos which have been taken during any HAF sponsored event for any publicity purpose, without compensation.

By signing below, I acknowledge that I have read the above waiver and agree to its terms.

☐ ☐ ☐

Participant/Parent/Guardian Signature (Circle One) _____ Date_____