

367 Pine St.
Springfield, MA 01105
413-788-9695
www.chd.org/disabilityresources



PARTICIPANT REGISTRATION and RELEASE

*This waiver covers all program activities and events from
January 1 to December 31, 2011*

Families may register on one form. Unrelated participants use separate forms. You must be a parent or legal guardian to register children under 18 years old. **Please print.**

Names(s) _____ Date _____

Date of birth _____ Phone _____ Cell _____

E-mail _____

Street _____

City _____ State _____ Zip _____

Diagnosis: _____

Emergency Contact Name _____ Relationship _____

Contact phone _____ Cell phone _____

Please read and sign below:

WAIVER AND RELEASE OF LIABILITY AGREEMENT

I, _____, as a participant(s), or parent or legal guardian of a participant, in the CHD Disability Resources program, hereby release and agree to hold harmless the Center for Human Development, Inc. (CHD), its employees, directors and agents from all claims, loss, damage, expenses (including legal fees and costs) and/or injuries, including permanent disability or death, which may result from my participation in its programs or events. I warrant that I have discussed the potential risks and benefits of my participation in such activities or events with my primary health care professional, and have chosen to participate after due consideration of the personal risks and benefits.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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MEDIA/PHOTO RELEASE

I hereby give permission to be interviewed and/or photographed by or on behalf of the Center for Human Development, Inc., (CHD) as a part of the agency's public education efforts. It is my understanding that any such interview/photograph or portions thereof will be used for furtherance of the agency's work, and may be published in the media (print, radio, television, or internet based). I agree to participate in this capacity without financial remuneration, and I agree to release the human service agency from any future claims, as well as from any liability, arising from the use of the said interview/photograph.

You may ___ or may not ___ identify me by name in the use of said interview and/or photograph.

Signature of participant or parent/legal guardian

Date

AGREEMENT TO COMPLY WITH THE CHD DISABILITY RESOURCES PROGRAM PARTICIPANT CODE OF CONDUCT

I have read and understand the requirements of the CHD Disability Resources Code of Conduct. I agree to uphold and comply with this Code of Conduct, and I understand that if I violate the Code, I may be subject to sanctions and/or penalties, including suspension or termination from participation in activities of the CHD Disability Resources program.

Signature of participant or parent/legal guardian

Date