



CONSENT FORM AND LIABILITY WAIVER

Participant's Name _____

Guardian (most responsible person) Name _____

Relationship to Participant _____

Guardian (most responsible person) Address _____

Daytime Phone _____ Cell Phone _____

I, _____, as the most responsible person ("Guardian") of _____
(please print Guardian's name) *(please print participant's name)*

("Participant") agree that the Participant may participate in the activities program provided by Action on Alzheimer's and Dementia ("AAD"). I also agree and understand that **AAD requires the Participant to be accompanied either by myself or a designated care partner at the activities program at all times.**

RELEASE: In consideration of participation in the AAD activities program, I agree on behalf of the Participant, to full and forever release AAD, its directors, officers, volunteers, agents and employees from all liability, claims, demands, damages, actions, and causes of action whatsoever arising out of or related to belonging to the Participant or myself, related to the activities program, regardless of cause and including but not limited to negligence, mistake, or failure to supervise. This release covers everything that happens during the activities program.

CONSENT: To the best of my knowledge, the above-named Participant can fully participate in the activities program. I acknowledge that there are potential hazards ("Hazards"), known or unknown, involved in participation in the activities program. I hereby expressly and specifically assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by the Participant or any loss or damage of property owned by me or the Participant, as a result of being engaged in the activities program.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT AND I AM AWARE THAT IT CONTAINS A WAIVER AND RELEASE OF LIABILITY AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE OR HOLD AAD RESPONSIBLE FOR ANY INJURY SUFFERED BY MYSELF OR THE PARTICIPANT. I AM SIGNING THIS AGREEMENT OF MY OWN FREE WILL AND INTEND FOR MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY BEFORE SIGNING.

Signature

Print Name

Date