



GOOD SHEPHERD ADULT PROGRAMS at PJACC

PROGRAMAS DE ADULTO DE PJACC

Return your application to/*Devuelve su aplicacion a:* 876 Schenck Ave Brooklyn, NY
Telephone Number/*Numero de Telefono* - 929.246.6400

First Name: _____ Last Name: _____
Nombre de Participante

Date of Birth: _____
Fecha de Nacimiento

Gender: MALE FEMALE AGE: _____
Genero Masculino Femenino Edad

Home Address: _____ Apt. _____ Zip code: _____
Direccion de Hogar Apartamento Codico Postal

Home Phone: _____
Numero de Telefono

Cell Phone: _____
Telefono Celular

Participant E-mail _____
Email de Paticipante

Race: African American/Black Asian American White Hispanic
Nacionalidad Other: _____

EMERGENCY CONTACT INFORMATON / CONTACTOS DE EMERGENCIA

Contact Name: _____ Relationship _____
Nombre de Contacto Relacion

Home Phone: _____ Cell Phone: _____
Telefono de Hogar Telefono Celular

Work Phone: _____ Email Address _____
Telefono de Trabajo Email Electronico



Medical Conditions

Condiciones Medicas

Do you have any known Allergies/ *Usted tiene Alergia?* ___ Yes ___ No

Do you carry an Epi pen?/ *¿Una pluma Epi?* ___ Yes ___ No

Are you fully vaccinated? ___ Yes ___ No

If yes, you must notify the instructor of its location prior to the start of class.

Do you have Asthma?/ *¿Tiene asma?* ___ Yes ___ No

If yes, please list items that you are allergic to/*Si tu respuesta es Si de alergia de que tienes alergia:*

Do you have any medical conditions or physical disabilities? ___ Yes ___ No

Usted tiene una discapacidad o una condicion medica? ___ Si ___ No

If yes, what is the nature of the condition? */Si usted tiene una condicion medica, cuales su condicion o discapacidad:*

AGREEMENT, RELEASE FROM LIABILITY, WAIVER OF CLAIMS & ASSUMPTION OF RISK

I agree, on behalf of myself, my heirs, executors, agents, assigns, and representatives, hereby indemnify, release and forever hold harmless Good Shepherd Services a community-based organization at the Prince Joshua Avitto Community Center ("PJACC"), and its community partners as well as their directors, employees and instructors, from any and all claims of liability arising from any accident, personal injury, death, or property loss or damage sustained by my child/myself/the minor child for whom I am a legal guardian, while participating in activities connected with Good Shepherd programs at the Prince Joshua Avitto Community Center, including classes, performances, or other activities. By signing, I certify that I have notified Good Shepherd Services, Directors, and instructors of all known illnesses and medical conditions in the above medical section of this registration form. I accept full responsibility for providing adequate health and accident insurance coverage for the protection of all of the following who participate in these programs/activities: my child/myself/the minor child for whom I am a legal guardian. Further, I understand and acknowledge that there may be physical contact between directors, employees, staff, instructors and students during certain activities, trainings, workshops, performances associated with classes at PJACC. I understand that at times for proper instruction and safety, physical contact maybe required and necessary. I authorize Good Shepherds Services, through its employees, to take any appropriate steps they deem necessary to protect the safety of myself and other participants and provide medical assistance as needed in the event of an emergency.

I have carefully read this agreement, waiver, release, & assumption of risk and fully understand its contents. I understand that this is an assumption of risk and release of liability, and I sign it on my own free will. By signing, I also certify that I am at least 18 years of age, a legal adult under New York State law.

I also authorize Good Shepherd Services to take photos and record videos of my child/myself/the minor child for whom I am a legal guardian. If I am signing this in my capacity as the legal guardian of a minor child, I authorize Good Shepherd Services and its community partners to use photos and videos of myself for promotional purposes.

Print First & Last Name: _____

Participant Signature: _____ **Date** _____





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General Agency Media Consent, Release and Waiver

I hereby give Good Shepherd Services permission:

1. For unlimited use, both now and in the future, of any and all

- photographs and likenesses of me or my child(ren) participating in program events and activities;
- video that has been filmed of me or my child(ren) during program events and activities;
- interviews that have been conducted with me or my child(ren) during program events and activities;

2. To use or publish these photographs, likenesses, videos or words for any purpose in any medium, including but not limited to brochures, publicity campaigns, the Good Shepherd Services website, in order to publicize services, recruit foster and adoptive parents) and /or seek financial support for Good Shepherd Services.

- I understand that participation in photography, videos and interviews is entirely voluntary.
- I understand the purpose of this document and appreciate that my picture, likeness, first name and words will be publicly disclosed.
- I hereby release and discharge Good Shepherd Services from any cause of action, claim and liability in connection with the use of these photographs, videos and interviews. I further release Good Shepherd Services from liability, claim and/or cause of action if I voluntarily or inadvertently disclose confidential information about myself and/or my child(ren).
- Good Shepherd Services acknowledges that it will not knowingly use or publish the photographs/videos/interviews in any way that would render them misleading.
- I expressly consent to permit Good Shepherd Services to share photographs, likenesses, videos of me and/or my child(ren), and interviews conducted with me or my child(ren) with its business partner organizations.
- I have read this document and fully understand its contents. I have been given an opportunity to have my questions about this document answered.
- I am the person, or the parent or legal guardian of the person(s) named below. I have the legal authority to consent to these terms on behalf of any minor named below.
- I hereby consent to the terms of this Consent, Release and Waiver.

Date: _____

Name of Individual(s) to Be Photographed/Filmed/Interviewed:

Address: _____

City, State ZIP: _____

Telephone: _____

Date of Birth: _____

Signature of Individual/Parent/Guardian (for child(ren) under 18 years):
