



**Registration Form 2020  
Memory Cafe  
Every other week starting March 25<sup>th</sup>  
Wednesday 2-3pm  
Location: The Village Coffeehouse,  
9844 Main Street Canning**

Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

Medical Information: \_\_\_\_\_

**Please read the following and sign below to indicate your understanding and agreement:**

I, (Name of Participant)\_\_\_\_\_ and/or a participant under my care, named below, wish to participate in the Village of Canning's Memory Cafe. I understand and agree that it is my responsibility to inform the Recreation Director of any conditions or changes in health, of myself or a participant under my care, now and ongoing, which might affect the participant's ability to participate with minimal risk to their health or the health of others. I agree that the CDRC shall not be liable or responsible for any injuries to myself or a participant under my care resulting from participation in this program and I expressly release and discharge the CDRC and its employees, agents, and/or assigns from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of injury or other damage which may occur in connection with participation in these programs, except only an injury caused by the gross negligence or intentional act of such person or persons. This release shall be binding upon my heirs, executors, administrators and assigns.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Videography/Photography Consent:** We occasionally take photos or video to document programs or activities which could then be used in our educational or promotional materials. Permission is granted for CDRC to use still photographs or video for this participant for these purposes only.

Yes: \_\_\_\_ No: \_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_