



Memory Café

Registration Form

Start Date: February 11th – April 21st – No cost

Please send completed form to:

Ashley Alders

354 Main Street, Kentville, NS, B4N 1K6

recreation@kentville.ca

F – 902-679-2122

T – 902-679-2539

Name: _____

Phone # _____ Email: _____

Emergency/Alternate Contact Name:

Phone #: _____ Email: _____

Health Information (all information is kept confidential):

Does this participant have any physical limitations or medical conditions we should be aware of?:

Does this participant have any allergies (food or otherwise)?:

Is there any other information we should be aware of?

Are there are barriers to attending the Memory Cafe?
(Please let us know what you might need in order to be able to attend)

Program Participant Waiver, Release and Knowledge of Agreement:

I, (Name of Participant) _____
and/or a participant under my care, named below, wish to participate in the Town of Kentville's Memory Cafe. I understand and agree that it is my responsibility to inform the Program Facilitator 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 Town of Kentville 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 Town of Kentville 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.

Participant's Name: _____

Signature: _____

Date: _____

Videography/Photography Consent:

We occasionally take photos or videos to document a Town of Kentville activity which could then be used in our promotional and/or educational materials (including social media). Permission is granted for the Town of Kentville to use still photographs or video footage for this participant for these purposes only.

Yes: _____ **No:** _____ **Participant's Name:** _____

Signature: _____

Date: _____