



Memory Café Registration Form

**** All Information is Kept Confidential ****

Participant Name: _____

Phone # _____ Email: _____

Emergency/ Alternate Contact Name: _____

Phone: _____ Email: _____

Health Information:

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?

Is there a need for help with transportation to attend the Memory Cafe?

YES NO

Is cost a barrier to attending the Memory Cafe?

(Please let us know what you might need in order to be able to attend. We may be able to provide gift certificates for food or drinks.)

Sign-up and Waiver Information:

Program Name: **Wolfville's Memory Café**

Cost: **No cost**

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 Wolfville's Memory Cafe. I understand and agree that it is my responsibility to inform the Community Development Officer 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 Wolfville 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 Wolfville 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: _____

OPTIONAL Videography/Photography Consent:

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

Yes: No: Participant's Name: _____

Signature: _____ Date: _____