

Healthy Mind, Healthy Life Tele-Therapy Support Group for Seniors

Participants Name: _____

Participant's Address: _____

Email: _____ Cell Phone: _____

Gender Female Male Other:

Date of Birth: _____

Age: _____

Demographic Information:

Ethnicity:

Hispanic or Latino

Not Hispanic or Latino

Race:

White

Black

Asian

American Indian/ Eskimo/Aleut

Hawaiian/ Pacific Islander

Hispanic

Multi-Racial
Status – check all
that apply

Emergency Contact

Name: _____ Cell: _____

Relationship: _____

Waivers/ Permission

YES, you have permission to use my photo/video in YWCA Northern New Jersey communications, marketing and public relations. I understand that the photos/videos may be used in print, video, digital media, presentations, public relations materials, and social media. I also understand that I will not be compensated for the use of such photos/videos.

No, you do not have my permission.

YES, the person named on this contract is in good health and is able to fully participate in all activities offered at the YWCA program. In an emergency, when either I or the emergency contact above cannot be reached, I hereby give permission for the YWCA to take any action deemed necessary.

Yes, I have read, fully understand and accept this release, hold harmless and waiver. I agree to release and hold harmless YWCA Northern New Jersey and all of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors, including Sarah Hiller-Bersson, LCSW, the Center for Purposeful Aging, or assigns from any all claims or causes of action. I, further agree to give up or waive any right that you may otherwise have to bring claims or causes of action, including for negligence where not prohibited by law, against YWCA Northern New Jersey or any of its affiliates and its and their officers, directors, trustees, employees, agents, representatives, successors or

Signature: _____

Date: _____