



**ADULT Information Agreement and Release Form**

**Section A: STUDENT INFORMATION**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address - Street: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Employer: \_\_\_\_\_

Have you ever used services from Carrie Tingley Hospital? Yes / No

Would you like to receive information from Carrie Tingley Hospital? Yes / No

How did you hear about Keshet? \_\_\_\_\_

**Section C: EMERGENCY, SAFETY and HEALTH INFORMATION**

Please identify any physical disabilities, restrictions, conditions, or illnesses which might require medical attention, impact student participation in classes, or be useful for instructor(s) to bear in mind:

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Section D: Household Demographics and Community Partner Information (OPTIONAL)**

*Keshet is a 501(c)(3) non-profit organization. Please help us report back to our community partners by completing the following information*

<u>Student Ethnicity:</u>
<input type="checkbox"/> African American
<input type="checkbox"/> Asian
<input type="checkbox"/> Hispanic
<input type="checkbox"/> Latino
<input type="checkbox"/> White
<input type="checkbox"/> Native American
<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Other

<u>Yearly Household Income:</u>
<input type="checkbox"/> \$0 - \$11,770
<input type="checkbox"/> \$11,771 - \$14,999
<input type="checkbox"/> \$15,000 - \$19,999
<input type="checkbox"/> \$20,000 - \$24,999
<input type="checkbox"/> \$25,000 - \$29,999
<input type="checkbox"/> \$30,000 - \$34,999
<input type="checkbox"/> \$35,000 - \$39,999
<input type="checkbox"/> \$40,000 and above

<u>Household Size:</u>
Number of people in household: _____

<u>Marital Status</u>
<input type="checkbox"/> Single – never married
<input type="checkbox"/> Single – widowed
<input type="checkbox"/> Divorced
<input type="checkbox"/> Married/Partners
<input type="checkbox"/> Re-married/Partners

<u>Employment</u>
<input type="checkbox"/> Works outside of home PT
<input type="checkbox"/> Works outside of home FT
<input type="checkbox"/> Works at home
<input type="checkbox"/> Does not work

<u>Education</u>
<input type="checkbox"/> Some high school
<input type="checkbox"/> Completed high school
<input type="checkbox"/> Some college
<input type="checkbox"/> Completed college
<input type="checkbox"/> Graduate school and above

**For Internal Use Only** Accepted by: \_\_\_\_\_ Entered in: MB \_\_\_\_\_ Altru \_\_\_\_\_



**Section E: RELEASES WAIVERS AND AGREEMENTS**

**Student Name:** \_\_\_\_\_

Publicity Release:

I authorize the use of my name and photo image in direct conjunction with publicity material associated with the promotion of Keshet and recognize that said materials are property of Keshet to be used at the sole discretion of Keshet including, but not limited to, print media, advertising, press releases, feature media/articles, radio and television news or promotion and social media. I also waive any claim of royalty or compensation due for name and photo usage.

**Initial** \_\_\_\_\_

Liability Release:

I agree to release and hold harmless Keshet from any and all liability arising out of or connected with my participation in Keshet classes, performances, and activities. This includes any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic, and/or death) that I may incur or sustain during Keshet classes, performances, or activities. The terms hereof shall serve as a release and assumption of all risk for my heirs, estate executor administrator, assignees, and for all members of my family.

**Initial** \_\_\_\_\_

Assumption of Risk:

I acknowledge and agree that participation subjects me to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death), and that I acknowledge that I am assuming the risk of such illness or injury by participating in Keshet classes, performances, or activities. Because of the dangers of participation, I recognize the importance of following the instruction regarding classes, performances, and other activities. I understand that it is my responsibility to obtain health and accident insurance.

**Initial** \_\_\_\_\_

Student Agreement:

I understand that Keshet aims to provide a safe, healthy, and inclusive environment for all students. I understand that Keshet provides opportunities for paroled and other at risk youth to participate in Keshet activities under the supervision of Keshet staff. I understand that Keshet reserves the right to refuse admittance of any student to any class for which they are unqualified or inappropriate for due to age, level, or any other reasons deemed appropriate by Keshet staff. I understand that Keshet reserves the right to cancel any classes for which there are five (5) or fewer students enrolled. I understand that Keshet will not allow students into any classes for which they are tardy by 15 minutes or more.

**Initial** \_\_\_\_\_

**I have read, understand, and agree to all information listed in Section E**

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Keshet does not discriminate on the basis of race, religion, sex, sexual preference, gender identity, gender expression, or national origin. Keshet has sole discretion regarding admittance and participation of individuals in classes, programs, and productions.**