



ADULT – IAR (Information, Agreement, and Releases)

Section A: Student Information

Name: _____ Preferred Name: _____ Phone: _____

Address-Street: _____ City/State: _____ Zip: _____

Email: _____ Date of Birth: _____ Gender: _____

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

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

How did you hear about Keshet? _____

Employer: _____

Section B: (N/A for adults)

Section C: Emergency, Safety and Health Information

Please let us know about **any physical or developmental disabilities, restrictions, conditions, illnesses, particularly learning styles or any other issues** which might require medical attention, impact your participation in classes, or be useful for instructor/s to bear in mind:

Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

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Section D: Household Demographics

While this section is not required, your answers help us report back to our funders more effectively, thank you!

<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>	
Works outside of home PT	_____
Works outside of home FT	_____
Works at home	_____
Does not work	_____

<u>Education</u>	
Some high school	_____
Completed high school	_____
Some college	_____
Completed college	_____
Graduate school and above	_____

Please turn over and fill out the back side – thank you



Section E: Releases, Waivers, Agreements – Please INITIAL after reading each paragraph

Publicity Release: I, as a parent of legal guardian of the student, authorize the use of the student’s 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, as a parent or legal guardian of the student, hereby grant the permission necessary to participate in Keshet classes, performances, & activities. I, on my own behalf and on behalf of the student further agree to release and hold harmless Keshet from any and all liability arising out of or connected with 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 the participant 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, & for all members of my family. **Initial** _____

Assumption of Risk: I, on my own behalf and on behalf of the student, acknowledge and agree that participation subjects the participant to the possibility of physical illness or injury (minimal, serious, catastrophic, and/or death), and that I acknowledge that the student is 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, & 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

Parent/Guardian 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.

Admin use only, initial when complete / updated 6.03.2019
Accepted by: _____ Entered in: MB _____ Google Form/Altru _____
Please check all that apply: CS - Adult _____ Adaptive _____ Work/Study _____