



Branching Out Support Services Community. Choice. Creativity.

Activity Waiver

Participants Full Name: _____ DOB: _____

Address: _____

Health Card Number: _____

Current Doctor: _____

Allergies: _____

Diagnosis: _____

Legal Guardian: _____ Contact #: _____

Alternate Contact #: _____

Emergency Contact: _____ Contact #: _____

Can this participant complete toileting and personal hygiene tasks alone? Yes / No

PLEASE BE ADVISED: This is a recreational group with support professionals supervising BUT NOT PROVIDING PERSONAL CARE. Participants are required to have community safety skills and hygiene skills. 1:1 workers are welcome to come and support their participant as needed and NO ADDITIONAL COST will be charged.

Signature: _____ Date: _____

Are there any behavioural issues/strategies Branching Out staff needs to be aware of? (use additional space if needed)





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Waiver Authorization for Event Participation

As the legal guardian of the above listed individual I am aware that Branching Out Drop in Classes is supervised and supported by Branching Out staff. If at any time there are behavioural, health or emergency issues, staff may call myself or the emergency contact listed above to pick up the above listed individual. I agree to any emergency medical treatments by staff or other professionals.

In consideration of Branching Out Support Services making this service available to the above named participant, we/I hereby release and forever discharge Branching Out Support Services, its staff, contracted individuals as well as employees, officers, directors and contracted individuals of Branching Out Support Services from any and all actions, causes of actions, claims and demands for damages, loss or injury howsoever arising, which heretofore any have been or may hereafter be sustained by the above named participant in consequence of attending social programs, drop in classes or other activities after or during regular programming hours.

(Parent/Guardian Name)

(Parent/Guardian Signature)

(Date)

Branching Out Support Services accepts this agreement as per:

(Authorized Representative for Branching Out Support Services)

(Date)



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