

Adult Program Participation Form

Group _____

PLEASE PRINT

TODAY'S DATE: _____

FIRST NAME	LAST NAME
CITY	
BIRTHDATE (Optional)	
STREET ADDRESS (Optional)	PHONE (to notify you in case of group cancellation)
CITY, STATE, ZIP	EMAIL (Optional)

Emergency Contact

NAME	RELATIONSHIP PARTICIPANT
PHONE	ALTERNATE PHONE

Briefly, why did you join this group? How can it best support you?

NAMI Washington County Inc. regularly reviews the programming and support it provides. Your suggestions are appreciated.

How did you find out about this group?

Brochure Friend Therapist Doctor Event Website Facebook

Other (please specify): _____

Would you like more information about becoming a NAMI Washington County Inc. member?
YES NO

Please keep me informed! I would like to receive NAMI's E-news and program updates.

YES email _____ NO

I'd like to get involved. Contact me about volunteer opportunities.

YES phone _____ email _____ NO

Please initial each of the following:

_____ I am an adult participant (18+)

_____ I understand that the purpose of NAMI Adult programs is to provide a supportive environment, information about mental illness, and a place to socialize with others who share similar experiences. **I understand that this class is not run by licensed health care professionals.**

_____ I understand that should a crisis arise, Acute Care Services or the police may be contacted. I further understand that the police will be contacted first should I become a threat to myself or others. I have read these procedures and guidelines and agree to follow them.

_____ I agree to follow the rules of confidentiality. Everything that is said in the group stays in the group. I may talk about the topic of discussion, but I may not say anything about another member of the group. I agree to respect the rights of the other members in the group. **If this rule is broken, I understand that I may be asked to leave the group.**

_____ I agree to remain chemical free during this group. **If this rule is broken, I understand that I may be asked to leave the group.**

PARTICIPANT SIGNATURE	DATE
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Participant Release

I hereby agree to hold harmless, defend, and indemnify NAMI of Washington County, Inc., its employees, its volunteers, and any of its representatives from all damages of any nature, whether property damage, physical injury, or death, which may occur to or be caused by myself while participating in activities sponsored by NAMI of Washington County, Inc.

PARTICIPANT SIGNATURE	DATE
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