

YOUTH PROGRAM PARTICIPATION FORM

Date: _____

PLEASE PRINT

First Name	Last Name
Street Address	
City and Zip Code	County
Primary phone number	Email Address

Best form of communication: _____ Phone _____ Text _____ Email

EMERGENCY CONTACT (Must list an emergency contact)

Name	Relationship
Phone	Alternate phone
Parent Name	Parent phone number

Is there any medical information we should know about your teen (e.g. allergies, medications, etc.)?

DEMOGRAPHIC INFORMATION (This information is requested by our funders and optional for completion)

Ethnicity: _____ Asian _____ Black _____ Hispanic or Latino _____ American Indian _____ White, not Hispanic
 _____ Other _____ Unknown

Age Group: _____ 13-18 _____ 19-26 _____ 27-64

Gender: _____ Male _____ Female _____ Other

How did you find out about NAMI Programs? _____ School _____ Brochure _____ Friend _____ Therapist
 _____ Doctor _____ Event _____ Website _____ Facebook Other (please specify): _____

I would like more information about: _____ Volunteer Opportunities _____ Membership
 _____ NAMI E-News and program updates

Please initial after reading each of the following statements:

____ I understand that the purpose of NAMI Youth 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 NAMI does not represent that its employees, volunteers, or agents have any expertise in diagnosing, examining, or treating any medical or mental health conditions of any kind or in determining the effects of any specific activities on such conditions. I understand that support groups, activity groups, and social groups are not run by licensed healthcare professionals.

____ I understand that should a crisis arise, my parents, Acute Care Services or the police may be contacted. I further understand that the police will be called first should 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. I further understand that Acute Care Services or the police may be contacted.

____ I agree to participate in activities at my own pace and at my own risk.

Participant Release:

I hereby waive the right I have to bargain for different waiver of liability terms. I have considered that if this waiver of liability was not as broad as it is, the cost of my participation in NAMI activities would be considerably more expensive, and since I do not want to pay any additional expense, I waive my right to bargain for different waiver of liability terms. I understand that this is an important legal document and I have had the opportunity to ask questions and consult with an attorney. I have enough information to give my consent and execute this release and waiver of liability. I understand the risks associated with my use of NAMI facilities and my participation in NAMI activities, and I understand that I am waiving liability and accepting those risks in signing this release and waiver of liability. I understand that I am signing a release and waiver of liability and releasing NAMI, its agents, employees, volunteers, and assigns from any claims that I might have against them for injuries to myself, including negligence claims. ____ (Initial)

I HEREBY RELEASE NAMI ITS AGENTS, OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS, SUCCESSORS, AND ASSIGNS FROM ANY CLAIM OR LIABILITY FOR INJURIES TO MYSELF OR MY PROPERTY, AND ANY LIABILITY, LOSS, COST, DAMAGE, EXPENSE, CLAIM, OR SUIT WHATSOEVER FOR ANY AND ALL INJURY, LOSS, ILLNESS, HARM, COST, EXPENSE, CLAIM, SUIT, OR DAMAGE RESULTING FROM, RELATING TO, OR ARISING OUT OF MY USE OF FACILITIES AND MY PARTICIPATION IN ACTIVITIES. THIS RELEASE INCLUDES RELEASING ANY CLAIM AGAINST NAMI, ITS AGENTS, EMPLOYEES, VOLUNTEERS, AND ASSIGNS FROM THEIR OWN NEGLIGENCE. BY EXECUTING THIS RELEASE I UNDERSTAND THAT I AM ASSUMING ALL RISKS MYSELF AND ASSUMING ALL LIABILITY FOR MYSELF. THIS RELEASE DOES NOT WAIVE LIABILITY FOR INTENTIONAL OR RECKLESS ACTS OF NAMI AS LIABILITY FOR INTENTIONAL AND RECKLESS ACTS MAY NOT BE WAIVED. ____ (Initial)

Teen Signature

Date

Parent Signature

Date

Corona Virus Waiver

Coronavirus (COVID-19). The Centers for Disease Control and Prevention (CDC) has determined that a novel coronavirus disease ("COVID 19") presents a serious public health threat, and this threat is affecting the State of Wisconsin. COVID 19 is a serious threat and can cause severe illness or death. **Older adults and people who have severe underlying medical conditions** like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness. The President of the United States of America, has declared a National State of Emergency due to the public health threat caused by COVID 19. The undersigned wishes to use NAMI facilities and participate in NAMI programs despite such risks associated with COVID-19. The undersigned acknowledges that the undersigned is using NAMI facilities at his or her own risk.

_____ (Initial)