

“Putting the Pieces Together”



THE 2016 IMPERIAL VALLEY PARENT CONFERENCE COMMITTEE SIBLING WORKSHOP Registration Form

Participant's Name:			
Age:		Phone:	
Address:			
Parent's Name:			
Special accommodations:			
Allergies:			
Name of Sibling with Disability:			
Type of Disability:		Age of Sibling:	

By signing this form, I give consent for my child to participate in the Sibling Workshop on April 23, 2016 that will consist of activities that will bring awareness and understanding of the feelings associated with having a family member with a disability. Also, I will be available in the event I need to pick up my child.

Parent/Guardian Signature

Date

Photograph Release Form

The undersigned hereby authorizes San Diego-Imperial Counties Developmental Services, Inc./Office of the State Council on Developmental Disabilities to photograph or permit other persons to photograph:

Child's Name: _____

And agrees that they may use or permit other persons to use the negatives, electronic images or prints prepared there from for teaching purposes, or educational publications.

Parent/Guardian Signature _____

Date: _____

I do/ do not (circle one) agree to the use of personal identifying information:

Parent/Guardian Signature _____

Date: _____

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THE 2016 IMPERIAL VALLEY PARENT CONFERENCE COMMITTEE SIBLING WORKSHOP Release of Liability Statement

I give my child _____, permission to attend the **Sibling Workshop** on April 23, 2016 and to participate in all of its activities and programs.

I *fully understand* that participation in these activities expose participants to the risk of personal injury, death, or property damage.

I hereby acknowledge that participation in the **Sibling Workshop** activities is purely voluntary and assume any and all risks.

I hereby release, discharge, and agree not to sue the San Diego Regional Center, State Council on Developmental Disabilities- San Diego Imperial Office, Exceptional Family Resource Center and the Imperial County SELPA, it's staff, Board of Directors, or volunteers for any injury, death, or damage to or loss of personal property arising out or in connection with participation in the program from whatever cause, including active or passive negligence of the Imperial Valley Parent Conference Sibling Workshop.

In consideration for permitting my child to participate in **Sibling Workshop programs**, I hereby agree, for myself, my heirs, administrators, executors, and assigns, from any and all claims, demands, actions, or suits arising out of or in connection with my child's participation in the **Sibling Workshop**.

I have carefully read this **Release & Hold Harmless agreement** not to sue and understand its content. I am aware that it is a **full release** of all liability and I sign it by my own free will.

Signature of parent/guardian

Date

Parent/Guardian Name (print)

Relationship

