AGAPE / Nurturing for the Family Program Registration

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O. B: \_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_

Race: \_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_ Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARTICIPANT WAIVER**

As the above-named participant, I hereby give my approval for my participation in the AGAPE/ Nurturing for Families Program. I hereby release, absolve, indemnify and hold harmless Exhilarating Inc., Community Action Council, its representatives, supervisors and employees in the event of injury to myself, and waive all claims against them. As the above-named participant, I affirm that I’m in the proper physical condition to participate in the AGAPE/ Nurturing for Families Program listed below and that I have no disease, medical condition or injury that would prevent me from participation in the Program. I further understand that Exhilarating Inc. (nor Community Action Council), will **not** provide any form of medical insurance coverage and Exhilarating Inc. or Community Action Council, its representatives, supervisors and employees will not be responsible for any expenses incurred due to any injury to me during participation in the Program. The undersigned further grants permission to allow my picture or likeness to appear in any photograph, advertisement or television coverage without compensation to them.

IN WITNESS WHEREOF, the undersigned has hereunto placed his/her hand this day of , 2022

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to Mattie444@gmail.com

 [](https://www.commaction.org/)