



EPIC Empowerment Program

EPIC's Empowerment Program takes place on Monday & Tuesday afternoon from 1:00 pm to 4:00 pm at 8006 Old Madison Pike, Unit 20K, Madison, Alabama. Cost is \$300 per month.

This program is designed for participants who are 18 years or older who have a disability. Epic Empowerment Program will provide a mix of Educational Activities, Life Skills, Community Outreach, Games, Exercise/Stretching/Movement, Music, Arts & Crafts while touching on the 10 Core Life Skills: Creativity, Problem Solving, Communication, Leadership, Critical Thinking, Self-awareness, Time Management, Coping with Stress, Assertiveness & Empathy.

In order to create a learning environment that empowers each young adult to excel, certain criteria must be met. The program is for adults with disabilities who are able to work in small group settings. Participants must not exhibit disruptive or aggressive behaviors and must not be a danger to themselves or others. The participant must also be able to use the restroom without assistance; if help is needed, you must provide a caregiver to stay & assist them during class time. Additionally, we will not dispense any medications but will have a First Aid kit on hand to handle only the most minor of cuts and scrapes.

KATHY BURRIS - 256-226-0915 / epic.kathy@yahoo.com
8006 Old Madison Pike, 20K, Madison, AL 35758
www.epicalabama.org



Empowerment Program

Application

TODAY'S DATE	
PARTICIPANT'S NAME	
PREFERRED NICKNAME	

DATE OF BIRTH		AGE		GENDER	
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ADDRESS					
CITY		STATE		ZIP CODE	
PARTICIPANT'S PHONE NUMBER					

PRIMARY CAREGIVER/LEGAL GUARDIAN					
RELATIONSHIP TO PARTICIPANT					
ADDRESS					
CITY		STATE		ZIP CODE	
WORK NUMBER		CELL NUMBER			
EMAIL ADDRESS					

PARTICIPANT'S NAME					
SECONDARY CAREGIVER					
RELATIONSHIP TO PARTICIPANT					
ADDRESS					
CITY		STATE		ZIP CODE	
WORK NUMBER			CELL NUMBER		
EMAIL ADDRESS					

IS THE SECONDARY CAREGIVER ABLE TO MAKE DECISIONS REGARDING THE PARTICIPANT?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
PRIMARY/LEGAL GUARDIAN SIGNATURE			
DATE			

What types of activities does the participant enjoy doing?

What are the participant's special talents or hobbies?

PARTICIPANT'S NAME	
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Are there any activities or situations that might cause distress to the participant?

How is the participant best comforted when under stress?

Does the participant have any behavioral issues we should be aware of?

Is there any additional information that would help us get to know or better understanding the participant?



PARTICIPANT ACCESS

Empowerment Program

PARTICIPANT'S NAME	
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The following individuals will be allowed access to this participant and be allowed to pick them up from EPIC EMPOWERMENT PROGRAM.

NAME	RELATIONSHIP TO PARTICIPANT	PHONE NUMBER

I understand that participants will not be allowed to leave the facility with anyone other than the above listed individuals. I am aware that these individuals must be prepared to present proper identification to the staff. I also understand that I must update this information along with all other information on EPIC Empowerment Program Application & Medical Information Forms as changes occur.

PRIMARY/LEGAL GUARDIAN SIGNATURE	
DATE	



Medical & Emergency Information

Empowerment Program

TODAY'S DATE					
PARTICIPANT'S NAME					
PRIMARY CARE PHYSICIAN					
PHONE NUMBER					
ADDRESS					
CITY		STATE		ZIP CODE	
PRIMARY DIAGNOSIS					
ANY ADDITIONAL DIAGNOSIS/HEALTH/MEDICAL CONCERNS?					

EMERGENCY CONTACTS		
NAME	RELATIONSHIP TO PARTICIPANT	PHONE NUMBER

PARTICIPANT'S NAME	
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PLEASE LIST ALL CURRENT MEDICATIONS FOR
EMERGENCY PURPOSES

1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

PLEASE LIST ALL ALLERGIES (FOODS, MEDICATIONS,
OTHER)

1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

PARTICIPANT'S NAME	
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Please list any other health or wellness concerns not already addressed:

EMERGENCY RELEASE

I authorize EPIC Empowerment Program Staff, Volunteers to transport or to have participant transported by ambulance and admit this participant to the nearest medical facility in case of an emergency. I authorize any and all medical treatment necessary to sustain life and/or for a Medical Physician/Doctor to treat the participant for any illness or injury.

<input type="checkbox"/> YES <input type="checkbox"/> NO			
PARTICIPANT'S NAME			
PRIMARY/LEGAL GUARDIAN PRINT NAME			
PRIMARY/LEGAL GUARDIAN SIGNATURE			
DATE		PHONE NUMBER	



ALL PURPOSE LIABILITY

WAIVER

Empowerment Program

This Liability Waiver (the "Agreement") is entered into by and between EPIC Empowerment Program, Board Members, Volunteers & Staff located at 8006 Old Madison Pike, Unit 20 K, Madison, AL 35758, here in after referred to as the "Provider," and

PARTICIPANT'S NAME	
PRIMARY/LEGAL GAURDIAN'S NAME	

hereinafter referred to as the "Participant."

1. Assumption of Risk

The Participant & Legal Guardian understands and acknowledges that the activities, services, or events provided by the Provider may involve certain risks and dangers. These risks may include, but are not limited to, physical injury, property damage, or other losses that could arise from participation in the activities or services provided by the Provider.

2. Release of Claims

In consideration of being allowed to participate in the activities or services provided by the Provider, the Participant & Legal Guardian, on behalf of themselves and their heirs, executors, administrators, and assigns, hereby releases and discharges the Provider, its officers, employees, volunteers, and representatives from any and all claims, demands, actions, or causes of action arising out of or relating to any loss, damage, or injury, whether physical or otherwise, that may be sustained by the Participant while participating in the activities or services provided by the Provider.

3. Waiver of Liability

The Participant & Legal Guardian expressly waives any and all claims against the Provider for any injury, loss, or damage that may occur while participating in the activities or services provided by the Provider, including but not limited to claims based on negligence, breach of contract, or breach of statutory duty.

4. Indemnification

The Participant & Legal Guardian agrees to indemnify and hold harmless the Provider, its officers, employees, volunteers, and representatives from any and all claims, demands, actions, or causes of action brought by any third party arising out of or relating to the Participant's participation in the activities or services provided by the Provider.

5. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of Alabama.

6. Entire Agreement

This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements, understandings, and representations.

7. Severability

If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

8. Acknowledgment of Understanding

By signing below, the Participant & Legal Guardian acknowledges that they have read, understood, and voluntarily agreed to the terms and conditions of this Liability Waiver and Release of Claims.

PRIMARY/LEGAL GUARDIAN PRINT NAME			
PRIMARY/LEGAL GUARDIAN SIGNATURE			
DATE		PHONE NUMBER	



ALL PURPOSE PHOTO

RELEASE

Empowerment Program

I grant to EPIC Empowerment Program, employees & volunteers, the right to take photographs, video and sound recordings of the participant listed below in connection with activities conducted at EPIC Empowerment Program. I authorize EPIC Empowerment Program to copyright, use and publish these photos in print and/or electronically. These photographs may be used with or without names, for any lawful purpose, including for such purposes as publicity, illustration, advertising, grant writing, sponsorships and for Web content.

Participant's Name			
PRIMARY/LEGAL GUARDIAN PRINT NAME			
PRIMARY/LEGAL GUARDIAN SIGNATURE			
DATE		PHONE NUMBER	