



# Helping Hands Art and Exercise

Ages: High School to Adult  
Special Needs Program  
at the Howell PAL

Southard School 115 Kent Rd, Howell 07731  
732-919-2825



Experience the feel-good benefits of art and exercise **and** meet other people. Each 2 hour session will include an art class, an exercise session, snack preparation, and socialization activities with our peer mentors. Art gallery shows are held during the year for family, friends and the community.

Fall 2016	2017
September 10, 17, 24	January 7, 21, 28
October 8, 15, 22, 29	February 4, 11, 25
November 5, 19	March 4, 11, 18, 25
December 3, 10, 17	April 1, 22, 29
	May 6, 13, 20
	June 3, 10, 17

*Instructors for the class: Colleen Hordichuk, B.A. Art Therapist  
Lori Alexander, M. Ed. Highly Trained in Autism Education  
Christine Baier-Kenduck, M.A.T. Highly Trained in Autism Education*

**Class Fee: \$25 per class, includes snack. Please bring a drink.**

*Due to operating costs and scheduling, payment must be made at the beginning of each month.*

*Payments will not be refunded.*

List Dates attending \_\_\_\_\_

Payment \_\_\_\_\_

Participant's name  
\_\_\_\_\_

*\*\*\*If you are a previous participant of this season, and your information is the same, you may proceed to the signature section.*

Address \_\_\_\_\_  
\_\_\_\_\_

Date of birth \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

A person over the age of 18 is considered their own legal guardian unless someone has been appointed guardian by the courts.

\_\_\_\_\_ is own self-guardian \_\_\_\_\_ has a legal guardian

Name of guardian \_\_\_\_\_ Relationship \_\_\_\_\_

E-mail \_\_\_\_\_

Address if different from above \_\_\_\_\_

Emergency contact:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

\*Allergies \_\_\_\_\_

\*Medical concerns \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Please list any fears or aversions of participant \_\_\_\_\_

**PROGRAM POLICY**

Participants must demonstrate the ability to accept and follow reasonable rules and to behave respectfully towards others. They must also have sufficient emotional and independent stability to participate in all aspects of the program. In consideration for all of the participants and the integrity of the class, we reserve the right to terminate a participant's enrollment if their behaviors impede the success of the program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**PHOTO RELEASE**

Helping Hands Art and Exercise and Howell Township/PAL Programs reserve the right to use all original art work and reproductions created by the participants in this program. By registering with Howell Township/PAL Program, I acknowledge that I have read, understood, and agreed with the above disclaimer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*\*The PAL Accident Insurance Policy maintained by PAL is secondary in coverage. Any and all claims must first be submitted to the claimant's primary health insurance carrier.*

(PAL OFFICE Use Only)

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ AMT \_\_\_\_\_ RECEIVED BY \_\_\_\_\_

## Howell PAL Participant Waiver

NOTE: This form must be read and signed before the member is allowed to take part in any Howell PAL program. By signing this form, the participant and/or parent or guardian agrees that they have read this waiver and agree to its terms.

Program Name: \_\_\_\_\_

Member's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

In consideration of my involvement in any Howell PAL program under the auspices of the Howell PAL, their officers, volunteers, staff, sponsors, and or agents acknowledge, appreciate and agree that:

1. I RISK BODILY INJURY, INCLUDING PARALYSIS, DISMEMBERMENT AND DEATH, while the particular rules of the sport, equipment, and personal training and discipline may reduce this risk. The risk of injury does exist, as does the risk of damage to or loss of property.

2. I knowingly and freely assume all risks both known and unknown, even if arising from negligence of the above mentioned parties.

3. I willingly agree to comply with the stated and customary terms and conditions for participants, if however I observe any unusual or unnecessary hazard during my presence or participation, I will bring these incidents to the immediate attention of the nearest PAL Staff/Chaperone.

4. For myself, and on behalf of my heirs, those assigned as a personal representative and next of kin, I hereby: release, indemnify and hold harmless and promise not to sue Howell PAL, their officers, volunteers, staff, or sponsors. Further I and or my parent/guardian releases liability of any of the fore mentioned of any and all injury and loss arising from my participation, whether caused by negligence or otherwise, except that which is the result of gross negligence or wanton misconduct.

I have read this Release of Liability and Waiver of Agreement and fully understand its terms and sign it freely and voluntarily.

This signature is to certify that I, as a parent/guardian with legal responsibility for this participant, consent to the above mentioned and agree to his/her release, and also agree for myself/ourselves, my/our heirs, assigns and next of kin, to release and identify from all liability, incidents to my /our child's involvement as stated above.

X \_\_\_\_\_  
Parent/Guardian Signature Date Signed

X \_\_\_\_\_  
Member Signature Date Signed

**In addition:** I grant the Howell PAL, its representatives and employees the right to take photographs of my child in connection with the above identified subject. I authorize Howell PAL, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Howell PAL may use such photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content

**Please circle yes or no**  
**YES No**