



For office use only:
 C FA Code (1) _____ (2) _____
 Date entered in computer & initials _____
 Partnership _____
 Group _____

WARM WATER POOL CLIENT PARTICIPATION INFORMATION

Check how you heard about us? Mailer Agency/ Group _____
 Please check box: Word-of-Mouth _____ Health Professional _____
 Internet / E-newsletter Advertisement Other _____

For more information about Easter Seals Colorado programs visit: www.eastersealscolorado.org

Today's date: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____ Email: _____

Birthdate: _____ Gender: F M Ethnicity: _____

Emergency Contact: _____ Phone: _____ Alternate Phone: _____

Relationship to Applicant: _____ Med. Condition/Disability: _____

Physician: _____ Physician phone # _____

Physician address: _____ City: _____ St: _____ Zip: _____

Please check if you have any of the following conditions: Report details to instructor

<input type="checkbox"/> Open skin wounds	<input type="checkbox"/> Seizure	<input type="checkbox"/> Shunt
<input type="checkbox"/> Poor hearing	<input type="checkbox"/> High/low blood pressure	<input type="checkbox"/> Respiratory problems
<input type="checkbox"/> Heart condition/diseases	<input type="checkbox"/> Stroke	<input type="checkbox"/> Muscular weakness
<input type="checkbox"/> Arthritis/joint pain	<input type="checkbox"/> Back trouble/pain	<input type="checkbox"/> Other: _____

Current Medications: _____

In Household: _____ Do you own or Rent? Rent Own

Check if Single, Female Head-of-Household

Annual Income- (Easter Seals Colorado applies for grants to support our programs)

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Less than\$9,000 | <input type="checkbox"/> \$15,000- \$17,999 | <input type="checkbox"/> \$25,000-\$29,999 | <input type="checkbox"/> \$50,000- \$74,999 |
| <input type="checkbox"/> \$9,000- \$10,999 | <input type="checkbox"/> \$18,000- \$20,999 | <input type="checkbox"/> \$30,000-\$39,999 | <input type="checkbox"/> \$75,000- above |
| <input type="checkbox"/> \$11,000- \$14,999 | <input type="checkbox"/> \$21,000- \$24,999 | <input type="checkbox"/> \$40,000- \$49,999 | |

POOL USER SIGNATURE AND RELEASE:

I understand that there are risks, both foreseeable and unpredictable, associated with the use of the Warm Water Pool. I am aware of these risks and agree that participation is at my own risk. I hereby release Easter Seals Colorado, its' employees and agents from any and all liability connected with my participation in the activities of the therapeutic pool program. The undersigned does consent that all photographs, video, and/or motion pictures may be published in the newspapers, magazines, television, website, publicity releases and/or other media. In accordance with the Health Insurance Portability and Accountability Act (HIPPA) of 1996, clients of Easter Seals Colorado are entitled to the greatest degree of privacy possible. Easter Seals Colorado will strive to ensure that client information is used only for authorized purposes as agreed to by the client.

Signature _____

Date: _____



**EASTER SEALS COLORADO
WARM WATER THERAPY POOL
WAIVER AND RELEASE OF CLAIMS**

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT, PLEASE READ CAREFULLY. By signing this agreement, you give up your right to recover for any injury to you or your property, however caused, arising out of your participation in the Warm Water Therapy Pool.

I ACKNOWLEDGE AND AGREE that the Warm Water Therapy Pool, located at Easter Seals Colorado, 5755 West Alameda Ave., Lakewood, CO, 80226, has inherent risks. I have full knowledge of these risks, both foreseeable and unpredictable, associated with the use of the Warm Water Therapy Pool, and may include actions or inactions of Easter Seals Colorado, its agents and volunteers, and those of other participants. I am freely choosing to assume those risks by participating in the pool. Also, I agree that I have been given a full opportunity to receive complete instructions and assistance in my use of the Warm Water Therapy Pool.

In consideration for my use of the Warm Water Therapy Pool and related facilities owned and or operated by Easter Seals Colorado, by signing below, I agree to release, indemnify and hold harmless on behalf of myself, my heirs, representatives, executors and administrators for any and all claims, including claims for negligence, against Easter Seals Colorado, its agents, employees, representatives and volunteers. This release shall include any and all liability claims, including negligence, resulting from, or arising out of any personal injury, including death, property damage, or accident of any kind, arising out of or in any way connected to my use or participation in this Warm Water Therapy Pool. I also agree to indemnify Easter Seals Colorado, its employees, agents and volunteers for any injury or claim by third parties against them resulting in anyway from actions on my part, whether such actions are intentional, reckless or negligent.

I agree that this Waiver and Release of Claims shall be given the fullest force allowable under Colorado law and that, should any part of it be found to be not enforceable, the remainder of the agreement shall be severed and remain in full force and effect. Furthermore, I grant Easter Seals Colorado, and all sponsoring businesses and organizations and their agents' permission to use any photographs, motion pictures, recording or any other record for any legitimate promotion or purpose.

In accordance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996, clients of Easter Seals Colorado are entitled to the greatest degree of privacy possible. Easter Seals Colorado will strive to ensure that client information is used only for authorized purposes as agreed to by the client.

I HAVE READ AND UNDERSTOOD THIS RELEASE AND AGREE TO ITS TERMS.

[Empty rectangular box for printing name]

Please Print Name

Please Sign Name

Date

[Empty rectangular box for printing parent/guardian name]

Parent/Guardian-Print Name

Please Sign Name

Date