
THE WIDOW'S PANTRY

LIFE SKILLS CENTER PROGRAM

REGISTRATION FORM

**For more information contact: The Widow's Pantry
(202) 723-6839 or Text (240) 467-4418**

GENERAL INFORMATION

First Name_____MI____Last Name_____

Date of Birth_____Age_____Last 4 digits of social security #_____

Address: _____

City:_____State:_____Zip Code: _____

Home Phone:_____Mobile Phone:_____

Email Address_____

Emergency Contact Name:_____Phone Number:_____

Relationship to emergency contact _____

Highest Level of Education_____

Medical Issues, Food restrictions, and Allergies: _____

*List Medications: _____

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**In-person Students must be fully vaccinated and show proof of vaccination prior to start of class.
Complete the registration form and turn in with your in-person orientation date. List of medications are for in-person registration only.

Please check Appropriate Box for acceptance

() IN PERSON REGISTRATION DATE_____

() Remote Registration Date_____

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WAIVER AND RELEASE OF LIABILITY

COVID-19 RISK LIABILITY

We want to ensure that our organization is taking every precaution to make your experience with us safe during the COVID-19 pandemic. The Widow's Pantry is working under the emergency response plan along with state and local CDC guidelines.

To protect participants of the program, we are limiting in-person contact and ask that you wear a mask and maintain social distancing in our classroom setting during the COVID-19 pandemic. Masks are not required during breaks while eating and drinking.

While these efforts and safety measures are in place, the risk of exposure to COVID-19 can exist as it does in communities.

I understand that The Widow's Pantry Life Skills Center Program ("the Program") is a potentially hazardous activity, and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident that may occur during my participation in the Program or while on premises of the Program or its sponsors (collectively referred to herein as "my participation").

I understand that during my participation, I will be using public streets and facilities where hazards may exist, and I am aware of and understand the risks that may result. I am also aware that accidents may occur during my participation in the Program that could result in serious injury or death. My participation is voluntary with knowledge of all such risks. In consideration for being permitted to participate in the Program, I hereby agree to assume all risks and to release, hold harmless and covenant not to The Widow's Pantry, or any sponsors, officials, volunteers, participating clubs, communities, organizations, friends of The Widow's Pantry, including any instructors, facilitators, medical partner, and all other government or public entities including, but not limited to, Starbucks and affiliated organizations and all of the above-listed entities' respective directors, officers, agents, employees and members, and all other persons or entities associated with the Event (collectively, "the releasees"), for any claim, loss or liability that I may have arising out of my participation, in the Program but not limited to, personal injury, death or property damage suffered by me or others, whether such losses, liabilities, or claims be caused by falls, contact with and/or the actions of other participants, contact with fixed or non-fixed objects, contact with animals, conditions of the Program premises, negligence or carelessness of the releasees, risks not known to me or not reasonably foreseeable at this time, or otherwise.

I intend by this Waiver and Release of Liability to release in advance, and to waive my rights and to discharge all of the releasees from all claims, losses or liabilities for death, bodily injury or property damage that I may have, or which may hereafter accrue to me, as a result of my participation, even though that liability may arise from negligence or carelessness on the part of the releasees, from dangerous or defective property or equipment owned, maintained or controlled by them or because of their possible liability without fault. I understand and agree that this Waiver and Release of Liability is binding on my heirs, assigns and legal representatives.

I am physically capable of completing the Program. I understand that it is recommended that I discuss my participation with my primary health care provider. If I am aware of or under treatment for any physical infirmity, ailment or illness, I have discussed the Program and my participation with my medical care provider(s) familiar with such condition and he/she has approved my participation. I acknowledge that I and I alone, am solely responsible for my personal health and safety, and the personal property I bring with me in connection with my participation. I will read the Program description and rules for my participation, and I will abide by all rules and regulations established by the Program organizers and personnel. I further agree that my participation is subject to the sole discretion of the Program organizers, and that my participation may be limited for medical, behavior, or other safety-related reasons. In the event of injury, accident or **illness**

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during my participation, I consent to receive, and authorize Program organizers, officials, volunteers, participants and spectators to use their discretion to administer, first aid, medical care and/or medical treatment.

In consideration for being permitted to participate in the Program, I hereby agree to adhere to the policies of **The Widow's Pantry Life Skills Center Program**. I understand that the Program organizers reserve the right, in their sole discretion, to refuse registration and/or participation to anyone at any time before or during the Program.

IMAGE RELEASE

I understand that my name, picture, voice, or likeness, and information related to my participation in the Program, whether the foregoing is captured by photograph, videotape, audiotape or any other recording, (collectively "image") may be used for all promotional purposes related to The Widow's Pantry, and their respective successors and assigns, sponsors, licensees, affiliates, and employees (collectively "grantees"). I hereby grant to the grantees the irrevocable, perpetual and worldwide right to (i) use my image in promotional materials or for any other legitimate purpose, (ii) create composite or computer-manipulated materials from my image, (iii) use, reproduce, publish, exhibit, distribute, and transmit my image in any media, including but not limited to print material, television, film, Internet, DVD, and CD-ROM, and (iv) assign the above rights to third-parties. I waive the right to inspect or approve my image or materials that incorporate my image. I understand that I will receive no compensation in connection with the use of my image. I release the grantees from any liability, damages, or claims resulting from the use of my image, including claims for libel or invasion of privacy. I understand and agree that the terms of this paragraph are binding on my heirs, assigns, and legal representatives.

In the event any provision of this Waiver and Release of Liability and Image Release is deemed unenforceable by law, (i) **The Widow's Pantry** shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Waiver and Release of Liability and Image Release shall remain in full force and effect.

I have carefully read this Waiver and Release of Liability and Image Release and fully understand its contents. I am aware that by signing this Waiver and Release of Liability and Image Release, I am waiving substantial legal rights, and knowing this, I sign it of my own free will without any inducement, assurance or guarantee being made to me and intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Participant's Printed Name: _____

Signature: _____ Date: _____
(Parent or guardian signature is required if the participant is under age 18)

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REGISTRATION QUESTIONS

1. If you could buy any type of food (right now) what would you buy?
2. If you could be any animal, what would it be and why?
3. Are you a morning or a night person?
4. Describe yourself in 3 words.
5. If you could go anywhere in the world where would you go and why?
6. What is the first thing you do when you get up in the morning?
7. If you could trade lives with anyone for a day who would it be and why?
8. How long does it take you to get ready in the morning?
9. What is the thing your most afraid of?
10. Use one word to describe your computer ability?
11. If you won a million dollars what would you buy?
12. Morning, noon or night?
13. What is your dream car?
14. Quality of life or quantity of life?
15. What is better: being organized or attention to details?
16. Nike or Adidas?
17. When was the last time you were late for something?

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REGISTRATION QUESTIONS

18. How honest can you be when no one is watching?
19. In your own words, what best describes life to you?
20. Your greatest achievement?
21. Two things you would change about yourself?
22. When are you most productive?
23. What makes your smile?
24. Sunrise or Sunset
25. Where will you be in three-years?

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Save this page to give to student for rules, regulations, and do's and don'ts

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