



## 2019 Participant Consent Form

*This form must be completed and on file in order to participate in Clallam Mosaic programs*

- I will participate in all Clallam Mosaic activities that I sign up for, unless otherwise noted in my registration.  
 Agree
- I will not to attend class if any of the following are present on the day of attendance: a runny nose when the mucus is thick, green or yellow; cough or congestion that interferes with breathing; wheezing; a fever over 100 (must be fever free for 24 hours); diarrhea; vomiting; pink eye (must have note from medical professional for return to programs) and/or severe headache.  
 Agree
- My caregiver and/or I will manage all of my personal hygiene and toileting needs.  
 Agree
- In the event of an emergency wherein the named emergency contact(s) is not available, I give my consent to provide treatment and to conduct any tests essential to render necessary medical care.  
 Agree
- I grant permission to Clallam Mosaic to use any photograph/video of me and my name for newspaper articles, news releases, publications (brochures, newsletters, websites, etc.), social media posts and community awareness programs.  
 Agree       Disagree
- I grant nonexclusive permission to Clallam Mosaic to reproduce, distribute, and modify the work I create during my participation in Clallam Mosaic classes. I grant permission to use the work for any purpose, including commercial purposes. I expect no compensation for the work or the permission being granted.  
 Agree       Disagree
- I agree to follow Mosaic's "Code of Conduct"  
 Agree
- I agree that information on my registration forms can be shared with emergency personnel in case of an emergency.  
 Agree

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Signature of Applicant

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Date

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Signature of Guardian or Advocate (if there is a guardian, they must sign)

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Date