

Magic Paintbrush Project Workshop Participant Information and Consent Form
Please Print & Mail To: The Magic Paintbrush Project 572 County Road 32, Greene NY 13778

The workshop is located at The Oakdale Mall, 601-635 Harry L. Drive, Suite 13 Johnson City, NY 13760 (607) 729-5059

Participant Name:		Date of Birth:
Address:		County:
Contact Home Phone:	Cell:	Email:
Do you want to be included on our mailing list for public events and workshops? <input type="checkbox"/> Yes <input type="checkbox"/> No		Tabs # (if OPWDD Eligible) :
Parents/Caregiver Name:		Referring Agency:

Participating Siblings Names and Ages:

Additional participating family & friends:

(There is a small fee to cover the associated costs for additional family and friends who do not reside with the eligible participant)

Allergies: (example: Gluten)	Preferred Appointment Day & Time:
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Please Indicate Session Type: (check applicable)
 Individual/Family Session Group (Includes Peer) Session Other

Communication Needs (Check Applicable)
 Verbal Sign Augmentative Device Preferred Language _____

Residence Type (Check Applicable)
 Family Independent DSS/Foster Nursing OPWDD/Agency

Special Needs: Cerebral Palsy (Movement) Autism Down Syndrome Neurological
 Sensory: Please indicate (Circle) Defensive or Seeking Other: _____

Is the requested session with your therapist? If so, please indicate: OT PT Speech Education
 Other _____ **Specialist Name:** _____ **Contact phone:** _____

What goals do you have for your workshop experience? Your session's activities will be guided by the measureable goals in the individuals IEP/IFSP/ISP etc. The Magic Paintbrush Project does not provide any therapy services. The goals below are only suggestions
 Communication Movement/Working Together Sensory Processing Special Education
Please be specific:

CANCELLATION POLICY - Should you need to reschedule or cancel your appointment We respectfully ask that you contact us atleast 24 hours in advance by calling (607) 729-5059 ALL "NO SHOWS" Will Incur A \$25 Fee.

Consent and Agreement - For the opportunity to participate in a Magic Paintbrush Project Life is Washable® workshop or any other event connected with the Magic Paintbrush Project and for other valuable consideration, I understand that by signing this release, I agree to hold harmless Life Is Washable, Inc. dba The Magic Paintbrush Project, including all of its employees, managers, directors, volunteers and agents; all sponsoring organizations and any other parties connected with events and activities, singly or collectively, from any liability for any injury, harm, loss, inconvenience or damage suffered or sustained as a result of participation in one or more events or any activities associated therewith. I understand that I will be working with volunteers from the community to create artwork which may be used to raise funds for Life Is Washable, Inc. or its affiliates. I understand that all artwork will become the property of Life Is Washable, Inc. dba The Magic Paintbrush Project..I waive all claims for any compensation from the sale of artwork. I hereby give my permission to Life Is Washable, Inc. to use my photograph or portion thereof, whether still or moving, my voice, and my likeness for trade, for publicity or for any other lawful manner whatsoever, hereby waiving my right to review or approve such photograph, sound recording or likeness prior to its use. I understand that all trademarks on or in association with the services covered by the registration for MAGIC PAINTBRUSH PROJECT® and to use the subject matter of pending U.S. patent application serial no. 61-062,224 are protected by intellectual property law. I have read and understood the consent form.

Print: _____ **Signature:** _____ **Date:** _____
 Signature of Parent if Under 18

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