

**Magic Paintbrush Project Workshop Participant Information and Consent Form
FOR AGENCY & CLASSROOM SESSIONS - Downloadable**

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

Participant Name:	Age:
Please Indicate if you are a: <input type="checkbox"/> Individual/Student <input type="checkbox"/> Staff <input type="checkbox"/> Attending Therapist	(Needed only for individuals and students)

Address: (Must be individuals address – not agency or schools)

Street	City	State	Zip
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Emergency Contact Name:	Email:
Home Phone: _____ Cell Phone: _____	Do you want to be included on our newsletter list? <input type="checkbox"/> Yes <input type="checkbox"/> No

School/Agency:	Teacher/Lead:
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If Applicable, Additional Participating Family Member Names & Ages:

Allergies: (example: Gluten)

Communication Needs (Check Applicable)

Verbal Sign Augmentative Device Preferred Language _____

Special Needs: Cerebral Palsy (Movement) Autism Down Syndrome Neurological

Sensory: Please indicate (Circle) Defensive or Seeking Other:

What goals do you have for your workshop experience? Your session’s activities will be guided by the measurable goals in the individuals IEP/IFSP/ISP etc. (Example: Communication, working together, sensory, staff inclusion etc.) The Magic Paintbrush Project does not provide any therapy services.

Please share your specific goals to be included in session activities:

Are you interested in an individual or family session? Yes No

If Yes, what kind of session would you be interested in? (check applicable)

Family Sessions Family Support Session Special Event Peer Group Session

Visit us online at: www.magicpaintbrushproject.org

**MUST BE SIGNED BY PARENT OR GUARDIAN
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

ADMIN USE ONLY: Classroom Session Agency Session Special Event Group Session

Session Name: _____ **Facilitator:** _____ **Date:** _____