

Heritage Homes, Inc.
Social Recreation Program
Participant/Guardian Agreement

All participants are required to maintain positive involvement, safety and respect for themselves and toward all others while participating in scheduled Social Recreation Program activities. Heritage Homes, Inc. (HHI) reserves the right to discontinue participation in any activity if a participant's conduct warrants concern for the safety and well-being of other participants, and may influence the future activity selections for any individual to best be able to support the enjoyment and safety of all participants.

Prior to participation in the program, each participant must complete a participant fact packet in order to disclose all pertinent information regarding their support needs in order for HHI to determine their ability to plan for support staff/volunteers and transportation, as appropriate.

It is understood that activities will be planned and made available to interested participants in a manner that is as fair as possible, but that participation in a particular activity may be limited by available resources and on a first come basis. Both HHI and the participant understands that plans sometimes need to change due to illness, weather or other unforeseen circumstances and that both parties will follow established procedures to communicate last minute changes in plans for each activity.

Participants also agree to complete pre-activity information/planning and post activity feedback forms when asked, to assist program staff in continuously improving the quality of experiences and planning for each opportunity's success in the spirit of the program.

Participants acknowledge any risks associated with participation in any recreational events or activities and assume personal responsibility. Additionally, it is understood that every effort will be made to contact the parent/guardian in the event of a medical emergency. However, if contact cannot be made full consent is given for Heritage Homes, Inc. to seek emergency medical care in the event of an emergency or urgent medical situation.

By signing below, I verify full understanding of participation expectations and choose to enter this general participant/guardian agreement.

Participant Name

Date

Guardian Signature
Participant Signature (if own guardian)

Date