



Sara's Garden

620 West Leggett Street • Wauseon, OH 43567 • 419.335.7272 • Fax 419.335.5564 • www.SarasGarden.org

REGISTRATION FORM

Client name: _____
(First) (Middle) (Last)

Mailing Address: _____
(Street) (Apt#/Box#)

(City) (State) (Zip Code)

Date of Birth: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

In case of emergency, please attempt to contact:

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

If there is any information we need to know about the client (i.e.: allergies, seizures, special likes/dislikes)?

I understand that photographs and/or videos may be taken by Sara's Garden staff in connection with services I am receiving at Sara's Garden and/or New Horizons Academy and that I and/or members of my family may be identified by name in connection with any public use of this material. I understand that this is a voluntary contribution and that there will be no compensation in connection with any such use and release Sara's Garden from any potential claims.

I understand that such photographs, audio recordings and/or video may be used in any manner or media without notifying me in advance. Such potential uses include educational, advertising, and promotion, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, television, radio, digital, internet, theater, or exhibition and may appear in web sites, publications, promotions, broadcasts, advertisements, posters and multimedia slides.

I understand that I may revoke this authorization at any time by notifying Sara's Garden in writing.

- I grant permission for the use of such material.
- I do NOT grant permission for the use of such material.

Signature (Client or guardian)

Date

Signature (Sara's Garden staff)

Date