



Friendship Connection Companion Program

A friend makes a difference!

CLIENT AGREEMENT

If an Applicant is accepted into the Friendship Connection Companion Program, the following terms shall apply as agreed to upon the signing of the Friendship Connection contract:

I acknowledge that the information I have provided is true and accurate to the best of my knowledge. All information provided has been given voluntarily, and I consent to the collection, use and disclosure of such information for the purposes of the Friendship Connection Companion Program. Furthermore, I hereby represent and warrant that I have full power and authority as the duly authorized representative of the Applicant named below, to register and act on his/her behalf. My Power of Attorney and/or Power of Personal Care are attached, if needed.

THEREFORE, IN CONSIDERATION of the mutual promises and obligations contained herein, the sufficiency of which is acknowledged, the parties agree as follows, each to their respective obligations:

- 1) I understand that when I enrol an Applicant in Friendship Connection, it is for a temporary period of time during which the Applicant will be supervised by the program personnel. I am, and remain, primarily responsible for the care of the Applicant and take full responsibility for protecting this person by providing all necessary information about the Applicant to ensure their safety during the course of the program. I also understand that I or a family member or designated care provider may choose to be present with the Applicant during the course of the program to oversee their care.
- 2) I understand that Friendship Connection is a program administered by: *We Rage We Weep Alzheimer Foundation in partnership with Lifetime Networks*. In consideration of the Applicant being allowed to participate in the activities of the program and its facilities (if applicable), I do hereby waive, release and forever discharge *We Rage We Weep Alzheimer Foundation and Lifetime Networks*; its directors, officers, agents, employees, representatives, successors and assignees, administrators, executors, volunteers and all others from any and all responsibilities or liability from injuries or damages resulting from the Applicant's participation in any activities or use of equipment or machinery (if applicable) in the Friendship Connection Companion Program. I do hereby release all of those mentioned, and others acting upon their behalf, from any responsibility or liability for any injury or damage to the Applicant, including those caused by the negligent act or omission of any of those mentioned, or others acting on their behalf or in any way arising out of or connected with the Applicant's participation in any activities of *We Rage We Weep Alzheimer Foundation's and Lifetime Networks Friendship Connection Companion Program*.

If You Agree, Please Initial _____

- 3) I agree to release and hold each agency and all of their respective personnel, officers and volunteers harmless from any and all claims of liability and/or damage, and waive any and all rights to seek recourse for any losses or injury that may occur as a result of participation in the Friendship Connection Companion Program.

- 4) I understand that in case of an emergency I am responsible for the Applicant's wellbeing and must have provided all necessary information to contact myself as the person legally responsible for the Applicant, as well as the contact information of the Applicant's Attending Physician and any details regarding their health such as allergies, medical condition(s) or medication(s) to those operating the Friendship Connection Companion Program in order to ensure their safety and security to the very best ability of all during an emergency.

- 5) I understand that from time to time for the purpose of enhancing, growing and promoting the Friendship Connection Companion Program and its benefits there may be photos or video taken which may include the Applicant. I give my full permission as the person legally responsible for the Applicant for these images, both still and moving, to be used in a reasonable and respectful way by We Rage We Weep Alzheimer Foundation and Lifetime Networks to promote the Friendship Connection Companion Program.

If You Agree, Please Initial _____

- 6) I understand that from time to time for the purpose of enhancing, growing and promoting the Friendship Connection Companion Program and its benefits there may be media present conducting interviews and taking photos or video which may include the Applicant. As the person legally responsible for the Applicant I release any images, both still and moving, to be used in a reasonable and respectful way by We Rage We Weep Alzheimer Foundation and Lifetime Networks to promote the Friendship Connection Companion Program through the media by way of printed material or video for television or internet use.

If You Agree, Please Initial _____

 CAREGIVERS NAME (PRINTED)

 CAREGIVERS SIGNATURE

 DATE

 APPLICANTS NAME