studio e: The Epilepsy Art Therapy Program

Registration and Waiver of Liability

To register for the *Studio E* program, please complete the following form.*

Date: Name: Age:

Address:

City: State: Zip Code:

Home Phone: Cell Phone:

Source of transportation:

How did you hear about *Studio E*?

Please provide us with the name and contact information we should use in case of emergency.

Name: Phone:

Please provide us with the name and contact information for your physician in case of an emergency.

Name: Phone:

Email:

*Please do not include information about any medications you may be currently taking or have taken in the past when completing this form.

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Lundbeck Your Partner in Epilepsy™

EPILEPSY FOUNDATION Michigan

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This is a checklist to find out more about you. Some of the sentences describe you better than others. Please read each sentence and indicate how much it is like you by putting an "X" in the box that best describes how that statement applies to you. There are no right or wrong answers, and your answers will be kept confidential.

	Strongly Agree	Agree	Not sure	Disagree	Strongly Disagree
1. I feel confident in myself					
2. I engage in new and challenging activities					
3. I am satisfied with my social skills					
4. I have a network of people I can rely on for support					
5. I feel like I am capable of expressing my personality, thoughts, and emotions					
6. I am confident in my artistic abilities					
7. I can easily connect with others					
8. I am self-reliant					

These questions are designed to get to know you better. Please answer the essay questions below to the best of your ability and please explain your answers. If you need more space, feel free to use the back of this sheet to answer these questions

How do you view your self-expression?

Describe your current lifestyle.

If you wish, please use the following space for any information you'd like Epilepsy Foundation of Michigan staff and the art therapists to know about your epilepsy (e.g. seizure types experienced, what they look like, known triggers, how you'd like people to respond in terms of first aid and aftercare, when to call 911, etc.):

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Note to Participants:

Dear *Studio E* Participant:

The enclosed waiver form is for anyone taking part in the *Studio E* program. By signing this form, you are releasing Lundbeck, the Epilepsy Foundation and anyone else involved in helping to organize or support *Studio E* from any responsibility for any injury, damages or other losses you may have while participating in the program.

You are indicating that you are voluntarily, freely and willingly choosing to take part in the program and that you are medically able to participate. You are also stating that you are aware and understand any risks of participating in the program and take responsibility for them.

Your signature on this form also indicates that no one from Lundbeck, the Epilepsy Foundation or another party has indicated they will be responsible for any injury, damages or other losses. It also indicates that all of the information you are providing is true and accurate.

It is possible that your Epilepsy Foundation affiliate may have additional waivers for you to sign, separate from this.

If you have any questions about this, or any other form, please ask your *Studio E* organizers for more information.

Thank you.

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Waiver of Liability

In consideration of participating in *Studio E: The Epilepsy Art Therapy Program* and by signing this agreement, I hereby for myself, my heirs, my executors and administrators, waive and release any rights, claims, and causes of action against the organizers, sponsors, Lundbeck, and any others connected with the *Studio E: The Epilepsy Art Therapy Program*, their representatives, and successors, as a result of my involvement with said events. I attest and verify that I am medically able to participate and assume all risks of participating in this event.

In signing this release, I further acknowledge and represent that I HAVE READ THE FORGOING Waiver of Liability Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME. I hereby further agree that this Waiver of Liability Agreement shall be constructed in accordance with the laws of the State of Illinois. I have read and fully understand the foregoing and certify and represent that the information provided is true.

_____
(Signature)

_____
(Print Name)

_____
(Street Address)

_____
(City/State)

Please return completed form via mail, fax, or email to:

Mail	Fax	Email
Epilepsy Foundation of Michigan Attn: Russ Derry 25200 Telegraph Rd, Suite 110 Southfield, MI 48033	248-351-2101	rderry@epilepsymichigan.org

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