

Registration and Waiver of Liability

In order to register for the program, please complete the following form.*

Date: _____

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone - - Is it OK to leave a message? Y/N

Cell Phone - - Is it OK to leave a message? Y/N

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: _____

-more-

*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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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.

	Always	Frequently	Occasionally	Rarely	Very Rarely	Never
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						

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.

-more-





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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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)

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