

ALPS Adult Day Services
Waiver of Liability

participant name: _____ **start date:** _____

I hereby give permission for my family member to participate in the ALPS activities described below. I will not hold any of the ALPS staff, volunteers, or Board members responsible for any injury to the above-named participant which occurs during any of the activities listed below:

- daily activities at the ALPS Center
- administration of prescription medication as prescribed by the participant's physician (Medications must be brought to the center in a labeled, duplicate prescription bottle.)
- administration of nonprescription medications as requested by the participant's family (Medications must be brought to the center in their original containers.)

caregiver signature: _____ **date:** _____

caregiver name (printed): _____ **date:** _____

witness signature: _____ **date:** _____