

Date: _____

ONGWANADA RESOURCE CENTRE
Application for Use of the Snoezelen Room

Name of Participant: _____

Address: _____ Postal Code: _____

Phone #: _____

Name of Contact Person: _____

Phone #: _____

Name of Organization (if applicable): _____

Name of Care Giver/Enabler (if different than above): _____

Phone #: _____

Billing Address:

Name: _____

Address: _____ Postal Code: _____

Phone #: _____

Date & Time Snoezelen Room Requested:

First Choice: Day/Date: _____ Time: _____

Second Choice: Day/Date: _____ Time: _____

Check one: () One time use () Ongoing sessions \$5.00 per session

Additional Information/ Comments: _____

Please return completed application form to:

KRC/OT, Ongwanada
191 Portsmouth Ave.
Kingston, Ontario, K7M 8A6

Steph Lackey, Occupational Therapy
(613) 548-4417 ext. 1181

RELEASE OF RESPONSIBILITY

IN CONSIDERATION of *Ongwanada* (Hereinafter referred to as "the Owner" providing facilities to _____ (Hereinafter referred to as "the Organization and/or Participant"), to obtain therapy and recreation in the Snoezelen Room of the Owner, the Organization and/or Participant for itself, its heirs, executors, administrators, successors and assigns, hereby releases and discharges the Owner, its servants, agents and employees from all actions, causes of actions, claims and demands that may arise as a result of any accident, loss or injury, whatsoever that may happen as a result of the use by the Participant or the Organization, of the Snoezelen Room while she/he is in the building or on the property of the Owner.

The Organization and/or Participant hereby agree to indemnify and save harmless the Owner and its servants, agents, employees from all actions, causes of action, claims and demands whatsoever that may arise as result of any accident, loss or personal injury to the Participant or to any other individual the Organization brings into assist/supervise.

The Organization and/or Participant further agree to abide by all rules and regulations set by the Owner while using said Owner's resources.

The Organization and/or Participant further agree to assume full responsibility/liability for any damage to the physical plant or equipment that might occur during, or as a result of, its use of the Owner's resources.

Further, the parent or guardian of any participant together with any organization, hereby jointly and severally agrees to indemnify and save harmless the Owner and its servants, agents, employees from all actions, causes of action, claims and demands whatsoever that may arise as a result of any accident, loss or injury to the participant.

It is agreed that the above names Organization and/or Participant will have on site, during its use of the owner's resources, an individual identified as "the Contact Person" who has participated in an orientation program provided by the Owner.

The Owner reserves the right to cancel any booking with two week's notice.

Dated at Kingston this _____ day of _____, 20____.

Ongwanada

Witness

Participant (if 16 years or over)

Witness

Parent/Guardian (If Participant under 16 years)

Witness