



Art Gallery of Hamilton

Artful Moments Registration Form

123 King Street West Hamilton, ON L8P 4S8
905-527-6610 x272 access@artgalleryofhamilton.com

Participant Information

First Name		Last Name	
Address		City	
Postal Code	Email		
Day Phone:	Other Phone:	Are you an AGH MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you been diagnosed with dementia such as Alzheimer's disease? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Accommodations

Vision <input type="checkbox"/> GOOD <input type="checkbox"/> REDUCED Describe:	Hearing <input type="checkbox"/> GOOD <input type="checkbox"/> REDUCED Describe:
Mobility <input type="checkbox"/> GOOD <input type="checkbox"/> REDUCED Describe:	Manual Dexterity <input type="checkbox"/> GOOD <input type="checkbox"/> REDUCED Describe:
Communication <input type="checkbox"/> GOOD <input type="checkbox"/> REDUCED Describe:	Other: Describe:

Do you have any allergies or other needs that you wish to disclose?

Support Information – Who will join you in the program?

First Name	Last Name	Relationship
Phone:	Email:	

Emergency Contact

First Name	Last Name	Relationship
------------	-----------	--------------

Program choice

	Session	Dates	Time	Fee
<input type="checkbox"/>	Session 1	Nov. 6, 20, Dec. 4, 18, Jan. 15, 29	1:30 – 3:30 pm	<input type="checkbox"/> AGH MEMBER \$50 <input type="checkbox"/> Non-Member \$60
<input type="checkbox"/>	Session 2	Feb. 5, 26, Mar. 5, 19, Apr. 16, 30	1:30 – 3:30 pm	<input type="checkbox"/> AGH MEMBER \$50 <input type="checkbox"/> Non-Member \$60

Method of Payment	
<input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Cheque <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX	
Card Number	Expiry
Cardholders Name	Cardholders Signature
Program Waiver	

PROGRAM EVALUATION

The Art Gallery of Hamilton will be evaluating the program and will ask participants and support persons to complete an anonymous questionnaire at the beginning and end of each session, as well as a short evaluation survey each week. We would appreciate your anonymous feedback and participation to help us further develop and study this program, however your participation in the evaluation of the program is optional.

PHOTO WAIVER

☐ YES ☐ NO Permission to photograph participants and/or support persons

The Art Gallery of Hamilton will be photographing and filming participants in this program for purposes of marketing, training and evaluation. The participant and/or support person may decline photography/video. This will not affect the experience of the program.

PRIVACY

☐ YES ☐ NO Permission to add you to our email contact list for upcoming classes

The Art Gallery of Hamilton is aware of the importance of protecting the privacy of its patrons and members. Although we do use email addresses collected for marketing purposes, the AGH does not sell, rent or trade its lists to others for any purpose.

CONSENT TO MEDICAL TREATMENT

If at any time emergency medical treatment is necessary, the participant and/or support person gives consent for treatment to be given. Every effort will be made to contact emergency contact.

WAIVER OF LIABILITY

The participant and/or support person agree that the Art Gallery of Hamilton, its directors, employees, agents and independent contractors shall not be liable for any injury or loss or damage to personal property arising from, or in any way resulting from participation in Art Gallery of Hamilton Programming activities. The participant and/or support person further certifies that they are covered by OHIP and/or private health insurance.

Participant agreement to the waiver as outlined above		
Name (please print)	Signature	Date
Support Person agreement to the waiver as outlined above		
Name (please print)	Signature	Date
If you require assistance in completing this form, or have further questions, please contact us at access@artgalleryofhamilton.com or 905-527-6610 x272.		