

Artful Moments: Art & Creativity for persons with Dementia



The AGH is proud to present Artful Moments, a unique program that makes art more accessible, experiential and enjoyable for people with dementia and their caregivers.

Artful Moments is a specially designed program to support the interests and abilities of persons with dementia who are living in the community, and their care partners. Spend time in the Galleries with an AGH Educator who will discuss themes, artists and connections to the art on display, and then join us in our Studio for creative hands-on activities. Each session will present new art and activities. Light refreshments will be served. Participants are encouraged to bring a family-member or care partner to share in the program – these support persons are welcomed at no extra charge.

Starting in 2018, we are pleased to launch Artful Moments at the AGH for the public, welcoming persons with early- to mid-stage dementia to participate in art experiences with a partner or caregiver. Each session will introduce participants to new artwork through our stunning exhibitions as well as the joy of creative expression through hands-on art activities.

No previous art experience is required

Funding for Artful Moments
is provided by the Ontario
Trillium Foundation



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

Artful Moments:

Art & Creativity for persons with Dementia

We envision a program where participants and their care partners share this experience together. Partners are encouraged to join in discussions and hands-on activities alongside participants – we may encourage you to lend a helping hand where needed, and can demonstrate techniques to gently assist and encourage more reluctant artists. This program is for both of you.

Program Details

Session Two: April 16, 23, 30, May 7, 14, 28

Mondays, 1:30 – 3:30 pm

Session Three: June 4, 11, 18, 25, July 9, 16

AGH Members: \$50 per session

Session Four: September 17, 24, October 1, 15, 22, 29

Non-Members: \$60 per session

Subsidies are available for those in financial need. Please indicate on your registration form.

Spaces are limited. Pre-registration is required.

Please note that our program staff have training and experience in working with persons with dementia, however we will not be able to support participants with more advanced needs (such as toileting). For this reason, we strongly encourage participants to come with a support person.

Parking

The AGH is attached to a Municipal underground parking garage located on Summer's Lane off of Main Street East. Parking rates are set by the City of Hamilton. Please contact the Hamilton Municipal Parking System Office for rates.

An elevator with direct access to the Gallery is located on levels 3 and 5.

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Artful Moments is an Art Gallery of Hamilton Program



Research Support by:



Original Artful Moments Program was in partnership with St. Peter's Hospital





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 a 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
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Program choice

	Session	Dates	Time	Fee	
<input type="checkbox"/>	Session 3	June 4, 11, 18, 25, July 9, 16	1:30 – 3:30 pm	<input type="checkbox"/> AGH MEMBER \$50 <input type="checkbox"/> Non-Member \$60	<input type="checkbox"/> Subsidy Request
<input type="checkbox"/>	Session 4	Sept 17, 24, Oct 1, 15, 22, 29	1:30 – 3:30 pm	<input type="checkbox"/> AGH MEMBER \$50 <input type="checkbox"/> Non-Member \$60	<input type="checkbox"/> Subsidy Request

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.		