

GardenAbility

HANDS-ON Gardening & Crafting Fun



Sunday February 25, 2018

Time: 1:00pm - 3:00pm

**Location: American Legion Post 737
Banquet Hall (right side parking lot),
16465 Milton Ave, Lake Milton, OH
(Wheelchair Accessible Entrance)**

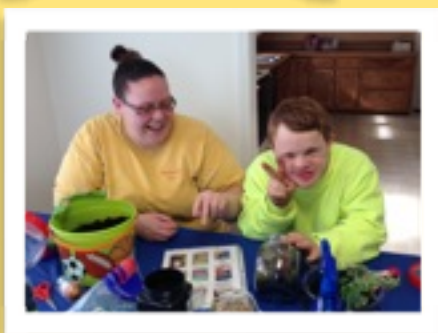


**Come with your loved-one to enjoy a
GREEN sensory experience in a room
full of friends! Our focus will be on
micro-greens and sprouting.**



**This day of ORGANIC fun is open to
ALL exceptional individuals.**

**Registration is \$10.00. Space is limited.
Claim your spot by e-mailing me back
today at dsautismadvocate@att.net**



**A parent or caretaker is required to attend
the entire session. Siblings are welcome to
register for an additional \$10.00 each.**

*Continuing to promote the independence, health,
& happiness of individuals with autism spectrum
disorder & other special needs, Denice Stout*

GardenAbility REGISTRATION FORM

GARDENER: _____

Age: _____ Diagnosis: _____

Caretaker Attending: _____

E-Mail: _____ Cell Phone: _____

Relationship to Artist: _____

Sibling(s) Attending: _____

Please return this completed registration form with payment to Autism Ability Advocates, Inc. 16492 Timberlane Dr, Berlin Center, OH 44401. Checks to "Autism Ability Advocates, Inc."

Payment is \$10, which includes the parent/caretaker. Add \$10 for each sibling participating. Enclosed: \$ _____ check #: _____

PHOTO & LIABILITY RELEASE: In regards to the above named participant...

I, the undersigned, do hereby grant to Autism Ability Advocates, Inc. and its representatives permission to record my photographic image and comments, together with the right to use them in promotional materials, public relations, development, or any other legitimate purpose of Autism Ability Advocates Inc. I hereby waive any right that I may have to inspect or approve any such photographic images and comments or completed products which incorporate all or part of any such photographic images and comments. This agreement includes all registered members.

I acknowledge that Autism Ability Advocates, Inc. and its representatives are not liable for any injuries that occur during ArtAbility/GardenAbility activities. I understand I am 100% responsible for the care and well being of my child(ren) during this program. I acknowledge that this activity involves art tools and materials and may pose risks that include, but are not limited to, cuts, chemical exposure, and actions of others, including but not limited to, participants, volunteers, spectators, and/or producers of the event. I acknowledge that I have carefully read this "waiver and release" and fully understand that it is a release of liability. I expressly agree to release and discharge Autism Ability Advocates, Inc. and all of its representatives, from any and all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Autism Ability Advocates, Inc. for personal injury or property damage.

Responsible Party's Signature: _____

Printed Name: _____ Date: _____