

**Nacogdoches Treatment Center
Day Activity Program**

Consent Form

Client Name _____

I certify that I am the primary caregiver (legal guardian) of the above-named person, and I give permission to participate in the day activity program for Alzheimer's and person's with related dementias program at the Nacogdoches Treatment Center.

Field Trips

____ I agree to allow my family member to participate in the Nacogdoches Treatment Center's sponsored field trips during the regular day's activities. I understand the group will travel by the van owned by the Nacogdoches Treatment Center, or by a personal automobile.

I understand the Executive Director, the paid workers, or the volunteer will not be held liable for any accident, injury or illness that might occur.

__ I do not agree to allow my family member to participate in field trips sponsored by the Nacogdoches Treatment Center.

Photographs

____ I do consent to photographs or videos being taken by or for the Nacogdoches Treatment Center. I understand that the photography / videos may be distributed and used for an undetermined length of time in the future. Therefore, if I revoke the consent, the Nacogdoches Treatment Center will not be held responsible for photographs used that already has been placed in the stream of public viewing.

____ I do not consent any photos or videos to be taken for or by the Nacogdoches Treatment Center.

Signature of Caregiver