

# ADAPTIVE AND INCLUSION SERVICES

### Personal Assistant

Participants who require one-on-one assistance are welcome to attend programs with their own attendant or direct care professional. All attendants/direct care professionals must complete and return our Personal Assistant Waiver and adhere to our Personal Assistant Expectations.

#### **Personal Assistant Expectations**

- 1) Must be 18 years of age
- 2) Remain with the participant(s) during program hours.
- 3) Assist the participant(s) and engage in all program activities.
- 4) Be responsible for the care of participant(s). This includes assistance with and/or teaching skills (i.e. health, nutrition, hygiene, sportsmanship, social skills, recreational activities, etc.), adequate supervision for safety, and providing a healthy environment for all participants.

| Personal Assistant Agreement   |                               |                          |                               |      |  |
|--|-------------------------------|--------------------------|-------------------------------|------|--|
| Name: _  |                               |                          |                               |      |  |
| I have reviewed the above description and I agree to fulfill the duties and responsibilities as described. |                               |                          |                               |      |  |
| I verify a   | III the information           | n on the attached applic | cation is correct.            |      |  |
| Signed   |                               |                          | Date                          |      |  |
| Emerger  | ncy Notification Ir           | nformation               |                               |      |  |
| Name   | First                         | Last                     | Relationship                  |      |  |
| Phone  | (Home)                        | (Work)                   |                               |      |  |
|  | USE ONLY:<br>eviewed the docu | ment with the persona    | l assistant and verified age: |      |  |
| PRINT  |                               | SIGNATURE                |                               | DATE |  |



## Town of Kernersville

#### **Personal Assistant Waiver and Release and Consent Form**

As an Adaptive and Inclusion personal assistant with the Town of Kernersville, I understand the following:

- My services are provided without compensation and am not considered an employee of the Town and am not entitled to any benefits of any kind, including, but not limited to, unemployment, workers' compensation or retirement benefits.
- I am solely responsible for my health and safety, and acknowledge I am physically capable of participating in this personal assistant service. I am aware of the risks and dangers inherent in participating in this volunteer service and may cease my participation in this activity or decline to participate at any time.
- On occasion, I may be entrusted with information or have access to records or files deemed confidential in nature.

I accept and agree to the following:

- I accept and assume these risks and agree to release, discharge and hold harmless the Town of Kernersville, its officers, employees, and agents from any and all actions, due to dangerous or defective property or equipment, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my participation in this personal assistant service.
- I agree to hold confidential any such information with which I am entrusted in the course of my personal assistant assignment. I understand that divulging confidential material to unauthorized persons may result in dismissal from my personal assistant position and/or other actions as deemed appropriate.
- I give, without expectation of compensation, my permission for the use of my name together with photographs, digital images or recordings of me in materials and publications that may be produced and/or distributed by the Town of Kernersville. The same may be used in any manner or in any media without any notification, inspection or compensation to me. I release the Town of Kernersville and those acting pursuant to its authority from liability for any violation of any personal or proprietary right which I may have in connection therewith.

I have carefully read this Waiver Release and Consent and fully understand its contents. I do hereby agree to release and discharge the Town of Kernersville, or its associates to the full extent permitted by the law from any claims, damages, losses, liabilities, costs, and expenses or any other charge or complaint filed with any Agency arising from the retrieving and reporting of information. I also understand signing this form is a condition of my participation as a personal assistant.

| Indicate: (Print): | Indicate: (Signature): |
|--------------------|------------------------|
|                    |                        |
| Date:              |                        |