**Center for the Visually Impaired**

**Adult Rehabilitation Program Launches Advanced Technology Class**

**Powered by the PwC Foundation**

**Please Register:**

Name:

Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Zip:

Home Phone: Mobile Phone:

Email Address:

Emergency Contact Information

Name:

Relationship:

Home Phone: Mobile Phone:

Email:

Emergency Medical Information

Name of Physician/Provider\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any medical concerns that we should be aware of. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

{All personal information is protected and confidential}



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Name:

 I am committed to advancing my technology skills offered in this group class and I commit to attending each week on the day selected below, for the full term of the course from

 **August 2- September 20, 2022**. **INITIAL: \_\_\_\_\_\_\_\_**

 **August 4 – September 22, 2022 INITIAL: \_\_\_\_\_\_\_\_**

**Select One Class Schedule:**

 Tuesdays from 1:00 PM to 3:00 PM

or

 Thursdays from 1:00 PM to 3:00 PM

**Participation requirements:**

Participants required to participate in all eight sessions.

Participants required to:

* have access to a computer that has Windows 10 (or newer);
* computer must have screen reader software (such as JAWS);
* ability to feel and use computer keyboard functions;
* ability to hear and understand verbal instructions;
* ability to sit at computer for two hours with other clients learning computer skills.

Participants required to practice skills learned in scheduled sessions and complete assigned homework lessons prior to next scheduled session.

 I meet participation requirements as described. **INITIAL: \_\_\_\_\_\_\_\_**

 I understand that the fees for the course are being underwritten by the PwC Foundation and that CVI will reimburse transportation costs on Marta Mobility with approved receipts.

**INITIAL: \_\_\_\_\_\_\_\_**

**Liability Release**

To participate in the Adult Services class I, the undersigned, agree to hold harmless the Center for the Visually Impaired, its employees, volunteers and other agents involved, from any and all injury or liability of any nature. In case of emergency, I give permission for an emergency contact or Center for the Visually Impaired to sign any necessary emergency medical treatment forms in my absence.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ \_\_\_

**Media Release**

I hereby agree and consent to the use of photographs, audio recordings, television, film, or videos for publicity, news, social media and other legitimate purposes by the Center for the Visually Impaired. I understand that my full name will not be used without permission. I waive all claims for any compensation for such use or for damages.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19** The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization, a national emergency by the President of the United States, and a state emergency by the Governor of Georgia. COVID-19 IS EXTREMELY CONTAGIOUS and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend hygiene practices, use of masks and social distancing and have, in many locations, restricted the number of people that may congregate as a group at any given time. The Center for the Visually Impaired, Inc. (“CVI”) offers programs and services for the visually impaired directly or through tenants and subcontractors at its facilities located at 739 W Peachtree St NW, Atlanta, GA 30308 (the “CVI Facilities”). CVI has put in place preventative measures to reduce the risk of the spread of COVID-19 at the CVI Facilities. The measures apply to services and programs offered at the CVI Facilities directly by CVI and by its tenants and subcontractors. By signing this agreement, I agree that I will comply fully with such preventative measures. However, I acknowledge that CVI cannot guarantee that I will not become infected with COVID-19 when we enter the CVI Facilities for any purpose, and that visiting the CVI Facilities and participating in the programs and services offered could increase my risk of contracting COVID-19. By signing this agreement, I acknowledge the extremely contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by visiting the CVI Facilities or by participating in the programs and services offered, and that such exposure or infection may result in personal or bodily injury, illness, temporary or permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID19 either by entering the CVI Facilities or by participating in the programs and services offered there may result from the actions, omissions, or negligence of myself and/or others, including, but not limited to, CVI or its agents, employees, representatives, volunteers, subcontractors or tenants (collectively, “CVI Parties”) or by program and service participants and/or their families. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my myself (including, but not limited to, personal or bodily injury, illness, temporary or permanent disability, and death), damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my entering the CVI Facilities or by participating in programs and services offered there, whether offered directly by CVI or by tenant or subcontractor of CVI (collectively, the “Claims”). On my behalf, I hereby release and indemnify the CVI Parties, and each of them, from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto, and covenant not to sue the CVI Parties, or any of them, for any Claims. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the CVI Parties, or any of them, whether a COVID-19 infection occurs before, during, or after my entering the CVI Facilities for any purpose whatsoever. I further consent, on behalf of myself, for CVI to take my/our temperature as a condition to entry into the CVI Facilities and further acknowledge and agree that CVI may deny access to the CVI Facilities if I have an elevated temperature, as shown by the temperature test taken at the CVI Facilities. I further represent that I am feeling well today and that I have not contracted COVID-19 nor do I have any other flu-like symptoms including a cough, nasal congestion, loss of smell or loss of taste.

Signature: Date:

Name of Participant:

Return this form to:

Client Services

Center for the Visually Impaired

739 W. Peachtree Street, NW

Atlanta, GA 30308

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Email: bepperson@cviga.org