



SERVICE DE RÉPIT, CAMP DE JOUR
& ZOOThÉRAPIE

Main Contractual Agreement
“Expérience Unik”
RESPITE CARE, ZOOThERAPY & DAY CAMP
A leap towards a difference!

Marie-Josée Chénier
Owner/Specialized Educator certified in Zootherapy
2838, Nolan Rd, Hammond, Ontario

Email: experienceunik14@gmail.com Tel: (613) 266-5244 Web: <https://experienceunik.ca>

 <https://www.facebook.com/ExperienceUnik/>

The participant will live UNIK and COLOURFUL experiences!

Authorization Form

The participant agrees and accepts:

- 1) **Discharge of responsibility** : This form is mandatory and must be signed by a parent or guardian of each person participating in Respite, Zootherapy and Day Camp.
- 2) **Inherent risk** : This program may contain certain risk factors and may result in accidents, that may cause some injury. Here are some examples of type of accident to which he/she may be exposed: **All injuries related to the activities of the day.**

Consequently, the participant is encouraged to follow directions and to be always cautious, which may reduce the risk of an accident. We will give assistance as needed.

I _____ recognize that by registering the participant

(participant's name)

to the service : « **Expérience Unik** », that there are certain risks.

- 3) **Report the participant's absence**: Recognize the importance of notifying the service worker at (613) 226-5244 by phone, if he/she will be absent, 48 hours in advance, otherwise fees will apply (\$50). This regulation is put in place to allow other people to benefit from an available place. In addition, fees of \$5 per 30 minutes will be added for delays. I agree to abide by the policies and procedures of the service: « **Expérience Unik** »

4) **Pay fees to :** « Expérience Unik », preferably by e-transfer, e-transfer through inter-account or inter-institution: transit #123, institution #: 829 and account #351 663 0, payment by check or cash is also accepted. All must be paid within a maximum of 7 days.

- **Terms:** 2% interest per month (max. 24% year)

5) **Give permission to Expérience UNIk :** to display the participant's photos on the FB page.
Yes No

6) **We can administer medication according to your requests, however we will need your authorization.**

**The participant will take medication during our services Yes No

*Registry - Health Care (see Annex-1) if applicable.

7) **We have very strict regulations on food allergies**

**The participant has allergies Yes No

Specify if applicable : _____

*Individual anaphylactic emergency plan (see Annex-2) if applicable.

I _____ acknowledge having read this form.
(participant's name or parent/guardian)

I _____ give permission to _____
(parent/guardian/responsible name) (participant's name)

to take place in « Expérience Unik » services.

(Signature : participant if 18 and older)

(Date)

(Signature : parent/guardian)

(Date)

(Signature : Expérience Unik Owner)

(Date)

