

## PARTICIPATION AGREEMENT

Your participation in the programs and activities of **Voices of Hope for Aphasia** is expressly conditioned upon your agreement of the terms set forth:

- You are able to toilet independently and able to independently self-medicate. If you are unable to do so, you will have a caretaker with you at all times to assist with all your needs.
- You understand that you are responsible for your own self-care, including dressing and meals.
- You understand that if you have swallowing or other medical issues, that you are responsible for maintaining your prescribed medical treatments, diets, and other meal modifications. Staff is **not** responsible for tracking food restrictions or medications.
- You are physically, psychologically, and cognitively able to participate in our groups.
- You are able to get along with others.
- You understand that you are responsible for your own transportation to and from the facility. Facility staff will not provide transportation.
- You must keep a current list of medications and emergency information on your person (purse, wallet) at all times. Please initial indicating compliance: \_\_\_\_\_

If, at any time, there has been a change and you are unable to comply with the above, please notify us.

You understand that **Voices of Hope for Aphasia** is relying upon the representations made by you herein with connection to your participation.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of member or legal guardian