**Sanilac County Community Mental Health Authority**

**Risks Consent**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Case #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Water Events:** Sanilac County Community Mental Health programs sometimes use the splash pads, pools, beaches etc. If you wish to give permission for the above individual to participate, please indicate that below.

Yes\_\_\_\_\_ No\_\_\_\_\_ Permission given to use the splash pads

Yes\_\_\_\_\_ No\_\_\_\_\_ Permission given to use pools

Yes\_\_\_\_\_ No\_\_\_\_\_ Permission given to use beaches

Yes\_\_\_\_\_ No\_\_\_\_\_ Permission given to go kayaking

Note: If permission is granted, the individual must have appropriate clothing (bathing suit, towel, appropriate water shoes)

**Power Tools:** Yes\_\_\_\_\_ No\_\_\_\_\_ Permission given to use power tools for Skill Building or Community Living Services. Note: Handheld tools such as sanders, drills, hot glue guns, etc. (individuals on level1 and 2 handheld saw)

**Other**: Yes\_\_\_\_ No\_\_\_\_\_ Permission given for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand there may be a cost associated with the activity and I will pay the necessary fee.**

I choose to participate, while understanding there is risk with each of these activities.

I understand there may NOT be a lifeguard provided at the site.

I understand my individual must agree to follow the rules of the establishment.

Signature of Individual\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_

Signature of Guardian/Legal Representative\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

***For CMH Use Only: Verbal Consent Received From:***

Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verbal Permission Rec’d By (Name of Staff): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Verbal Consent Witnessed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_