



SERVICE DE RÉPIT, CAMP DE JOUR  
& ZOOThÉRAPIE

**Main Contractual Agreement “Expérience UNIK”**  
**RESPITE CARE, ANIMAL-ASSISTED THERAPY & DAY CAMP**  
**A leap towards a difference**

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**Marie-Josée Chénier**  
**Owner/Specialized Educator certified in Animal-Assisted Therapy**  
**2864, Nolan Rd, Hammond, Ontario**  
**experienceunik14@gmail.com 613-266-5244**

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***The participant will live UNIK and COLOURFUL experiences!!***

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**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 Care, Animal-Assisted Therapy 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 example 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 cautious at all time, 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: 613-266-5244 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.**

**5) Give permission to: "UNik Experience " to display the participant's photos on the FB page. I give permission to display his/her pictures on the FB page..... yes or 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 or no**  
**\*\*Registry - Health Care (see Annex-1) if applicable.**

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

**\*\*The participant has allergies ..... Yes or no**

Specify if applicable: \_\_\_\_\_.

**\*\* Individual anaphylactic emergency plan (see Annex-2)..... yes or no**

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I acknowledge having read this form and I give permission to \_\_\_\_\_  
(participant's name)

to take part in "UNik Experience" services.

\_\_\_\_\_  
(Signature: participant if 18 and older)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature: parent / guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature: UNik Experience Owner)

\_\_\_\_\_  
(Date)

You can visit our FaceBook page: <https://www.facebook.com/ExperienceUnik/>



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## Unik contact - Personal sheet

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*A leap towards a difference!*

### Personal information:

\*Name of participant: \_\_\_\_\_

\*Date of birth: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

### Medical information:

\*Health card number: \_\_\_\_\_

\_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

### Contact information:

\*Name(s) of parent(s) or legal guardian(s): \_\_\_\_\_

Home phone number: \_\_\_\_\_

\*Cell phone number(s): \_\_\_\_\_

Work phone number(s): \_\_\_\_\_

\*Email address: \_\_\_\_\_

### Emergency contact information:

\*Name of emergency contact: \_\_\_\_\_

\*Relation to participant: \_\_\_\_\_

\*Cell phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Home phone number: \_\_\_\_\_

### Participant's interests:

(ex: Music, sports, etc.)

### Diagnostic, special needs/ challenges of the participant:

\_\_\_\_\_

### Your strategies and approaches to insure his/her stability and security:

(Please attach files if there are any)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does he/she know how to swim? Yes or No** (circle)