

Unity Healing Center  
Consent to Activities

I, \_\_\_\_\_, the undersigned client, or parent/guardian release the Unity Healing Center from any liability incurred during participation in any therapeutic recreation activity, or staff approved and supervised volunteer activity. The undersigned assume all risk normally incidental to the nature of the treatment program and to the specific activity, including risks which are not foreseeable. During treatment, the client will be asked to participate in any or all of the following activities. Exceptions will be made for clients who are determined to be physically unable to participate in listed activities by appropriate medical staff.

Archery	Arts/crafts	Badminton	Ball games
Basketball	Bicycling	Board games	Bowling
Camping	Canoeing	Community events	Equestrian
Field trips	Fishing	Football	Hiking
Horseshoes	Jogging	Marbles	Miniature golf
Movies	Museums	Parks	Picnics
Pool	Pow wow	Rappelling	Restaurants
Rock climbing	Ropes course	Shopping	Skating
Softball	Spelunking	Stickball	Stomp dance
Swimming	Table tennis	Theater plays	Track and field
Volleyball	Weight training	Zoo	

\_\_\_\_\_  
Client Date Parent/Guardian Date

Resident's Name: \_\_\_\_\_  
Resident's Date of Birth: \_\_\_\_\_  
Resident's UHC Record Number: \_\_\_\_\_  
Resident CIHA EHR Number: \_\_\_\_\_