

Victoria Tetra Society

Request For Assistance



Client Name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____
 Res. Phone: _____ Bus. Phone: _____ Fax: _____
 Email: _____

Contact Name and Phone Number (if different from client): _____

Age (please circle an age group) 0-12 13-19 20-64 65+

Nature of Disability: (please circle, or if other, specify)

ALS	Multiple Sclerosis	Arthritis	Paraplegia
Cerebral Palsy	Quadriplegia	Muscular Dystrophy	Spina Bifida
Other: _____			

Describe the problem that needs a solution: _____

 Have you looked for a commercial solution? Explain: _____

 Do you have any suggestions on how this problem could be solved?
 (If a volunteer is assigned, you will work together to solve the problem) _____

What agency provides you with financial support in acquiring assistive devices? (please circle, or if other, specify)

Auto Insurance	WCB	Welfare	CPP/Social Security
Health Insurance	None	Other: _____	

How did you find out about our program? (please circle one and specify in the space provided)

Health Professional	Family/Friend	Disability Org.	Prior Tetra Client
Media	Specify: _____		

Publicity: We reserve the right to use your device, and any photographs of your device to promote or fund raise for Tetra. Can we use photographs of you for these purposes? Yes No

Victoria Tetra Society

Tetra Policy



Tetra is a volunteer driven, not for profit society. The cost of materials and volunteer's travel expenses are to be reimbursed by the client. All money transactions are to be handled through the local Tetra Chapter Coordinator. A one-time only \$10.00 membership fee is required to help your local chapter operate. The client understands that he/she is in control of the services and Tetra simply provides volunteer help to assist. Tetra recommends that the client and the volunteer be accompanied at all meetings by a third person of the client's choosing. After your project is completed we ask that you write a thank-you letter to the volunteer.

Please read and sign the following Exclusion of Liability, No Action and Indemnity clauses. By signing below, you will waive certain legal rights including the right to sue. Please read carefully.

In consideration of the services to be provided to me by Tetra Society of North America and/or its members, directors, volunteers, officers, agents, representatives, employees and assigns (collectively, the "Releasees"), I hereby agree as follows:

- 1. EXCLUSION OF LIABILITY** - not to hold the Releasees, or any of them, liable for any losses, damages or injuries that I may suffer, whether to person or property, howsoever caused, including negligence, breach of contract and breach of any statutory duty or other duty of care, on the part of the Releasees, or any of them;
- 2. NO ACTION** - not to bring any action, proceeding, or claims against the Releasees, or any of them, for any losses, damages or injuries that I may suffer, whether to person or property.
- 3. INDEMNITY** - to indemnify and hold harmless the Releasees and each of them, from and against all claims, actions, costs, expenses and demands brought by any person in respect of death, injury, loss or damage, whether to person or property, resulting directly or indirectly from my participation with the Releasees and their projects and services.

I have read and understood this agreement and I am aware that by signing this agreement I am waiving certain legal rights which I or my heirs, next of kin executors, administrators and assigns may have against the Releasees.

NOTE: a parent or guardian and/or a trustee, committee, or other legal representative must also read this form and sign below if the client is under the age of 19 years and/or has a legal representative (i.e. trustee, committee) appointed on his or her behalf.

Date: _____ Signature: _____
Date: _____ Witness: _____
Date: _____ Parent/Guardian, Trustee, Committee: _____
Date: _____ Other Legal Representative: _____

Please check one box below:

- I wish to receive notification of the Victoria Tetra Society Annual General Meeting; I wish to be a voting member.
- I wish to opt out of voting rights for the Victoria Tetra Society.

Please enclose your \$10 membership fee with this form. Your cheque should be made payable to *Victoria Tetra Society* and sent to: **Victoria Tetra Society, P.O. Box 30174 Victoria B.C. V8X 5E1**

Contact the Victoria Tetra Society chapter by phone: 721-5071 / 474-5939 or fax: 474-5974

OFFICE USE ONLY Name of assistive device: _____ Date received: _____
Project #: _____ Client #: _____ Project status: date assigned: _____ completed: _____
Name of volunteer assigned: _____ date abandoned: _____ referred: _____
Device category: Vocational - Personal Care - Recreational - Household Aids - Communication Aids - Mobility - Eat/Drink
Amount invoiced client: _____ Amount reimbursed: _____ Membership Fee Paid?
Describe solution to problem (attach photo if available): _____