

Request for Assistance

Client contact information

Client name:

Address:

City:

Province/state:

Postal/zip code:

Home phone:

Work phone:

Fax:

E-mail:

Referral information (if applicable)

Contact name:

Job title:

Phone:

Fax:

Organization:

Email:

Personal information

Age:

Nature of Disability:

ALS

Multiple Sclerosis

Arthritis

Paraplegia

Cerebral Palsy

Quadriplegia

Muscular Dystrophy

Spina Bifida

Other:

Describe problem that needs solving:

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?

Auto Insurance WCB Social Services CPP/Social Security

Health Insurance None Other:

How did you find out about our program? Please check one and specify in space provided.

Health Professional Family/Friend Disability Organization Prior Tetra Client

TV Radio Magazine Newspaper Specify:

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

Tetra Policy



Tetra is a volunteer driven, not-for-profit society. There is no cost to clients, except for volunteers' expenses – materials and travel costs. 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 volunteer be accompanied at all meetings by a third person of the client's choosing. After your project is complete we ask that you write a thank-you letter to the volunteer.

The Tetra Society of North America reserves the right to collaborate with health professionals and other non-profit groups in order to meet clients' needs.

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 member, 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 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 (ie. trustee, committee) appointed on his or her behalf.

Date: _____

Signature: _____

Date: _____

Witness: _____

Date: _____

Parent/Guardian:
Trustee, Committee _____

Date: _____

Other Legal Representative: _____

Was the Request for Assistance form filled out on-line?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date: _____	

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