



The Legacy Program Registration Form



CYCLE: One

Date: _____

Last Name: _____

First Name: _____

DOB: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Alternate Phone: _____ Email: _____

EMERGENCY INFORMATION:

Emergency Contact: _____ Relationship: _____

Emergency Contact Immediate Access Phone Number: _____

MEDICAL INFORMATION:

Please list any chronic or acute medical conditions affecting your health:

Please list any allergies you have:

Do you feel you are in adequate health to participate in the activities of The Legacy Program?

_____ Yes _____ No

Do You have your own health insurance? _____ Yes _____ No

If 'Yes', please list your insurer here: _____

PARTICIPANT CONSENT: *(initial each applicable line below)*

_____ I understand that I will be involved in a genealogical search of my maternal and/or paternal family lineage, and that my findings will be exposed to The Continuum Project staff, other participants and the community at large.

_____ I understand that I may engage in biological DNA testing from an ancestry agency chosen by The Continuum Project, Inc. . I understand that the results will expose my probable geographic location of ancestral heritage, but that the results may not be definitive.

_____ Check here if you want these results to remain private.

_____ I understand that the genealogical information gathered will be used to create a theatrical presentation to be performed by participants for the community.

_____ I understand that my unearthed information will inspire the creation of professional work which may include, but not be limited to, plays (published and performed for the stage), photography, documentaries, films, literature, and video. I understand that the details of my information will be changed for these works and that they will be the sole property of The Continuum Project, Inc.

_____ Check here if you do not want your unearthed information to be used for the creation of professional work.

Please sign below to validate that all information gathered on this registration form is true and accurate.

Participant Signature: _____ Date: _____