Moments to Embrace Respite Caregiving Program Registration 2026

Name of Caregiver _____

Name of Loved One _____

Address _____

City, State, Zip _____

Phone ( ) _____

Email *(required) _____

Emergency Contact/ Phone _____

How did you learn about this program? _____

Class Titles (list all you and your loved one will enroll in) **print to continue to register for more classes*	Date

Please email or mail in your registrations to:
Clement Manor, Attn: Natalie Strade
3939 S. 92nd St., Greenfield, WI 53228
nstrade@clementmanor.org
Questions? Call Natalie at 414-546-7984

Waiver: I the undersigned named below do hereby understand that I have registered herein to participate in the aforementioned activity and I further agree to indemnify and hold harmless the Clement Manor, the City of Greenfield, and all employees, officers and agents from and against any and all liability. In addition, I understand that requested programs indicated above, like all activity, has some inherent risk involved. Furthermore, the individuals named herein are in good condition appropriate for the stated activity and that participants must assume full responsibility for injuries incurred while taking part in an activity. No accidental insurance is provided by Clement Manor. I have read and agree to the registration and related policies.

Signature

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