

# *Life Frames<sup>®</sup>, Inc.*

*New York, San Francisco*

32 CORNELIA, SUITE 5C, NEW YORK, NY 10014-4130  
93 MIRABEL, SAN FRANCISCO, CA 94110-4614

VOICE (212)242-1700  
VOICE/FAX (415) 206-9710

## *JOIN R.I. LIVING LIBRARY & THINK PARK PROGRAM* *A LIVING LIBRARY YOUTH & ADULT GARDEN / ECOLOGY / MULTI-ARTS PROGRAM*

### *Summer Session 2009*

*HELP TRANSFORM & GREEN YOUR COMMUNITY, MAKE IT MORE BEAUTIFUL  
& HEALTHY, LEARN, HAVE FUN, TALK, THINK, & DO*

### **FREE PROGRAM**

#### *Dear Students, Parents, Neighbors*

You are invited to join us this summer, either Monday, Wednesday, and/or Friday, or all three days, from 2-5:30 PM. Sign up for each day and remember to circle the day or days on the attached registration form. Return your signed registration forms before June 26 to Nate Kendall, Science Teacher at PS/IS 217, room 313, or Ms. Veronika Forero, RI Living Library Teacher on Wednesdays & Thursdays, in the Living Library Garden in school yard at PS/IS 217. First 25 students per day will be admitted. More children can participate if accompanied by parent or other adult. Adults without children welcome also! First come, First served. Join Today!

*Program begins Monday, June 29. Last day is August 31. Program will be at Living Library Gardens at PS/IS 217 & Gardens at Coler-Goldwater Hospital. Please wear a hat, bring your water bottle, and wear sunscreen!*

#### *Join us for:*

- *Organic Gardening with Fruits, Flowers, Vegetables!*
- *Arts & Crafts!*
- *Digital Photography and Nature Drawing!*
- *Harvesting Food, Making Salads and other Treats!*
- *Building through Carpentry & Arts!*
- *Learning How To Make Compost!*
- *Having Fun with Friends & Neighbors!*
- *Transforming, Greening, and Beautifying Your Environment!*
- *Making New Friends and Learning New Things!*

For more information: 212-242-1700, visit [www.alivinglibrary.org](http://www.alivinglibrary.org), email: [bonnicora@alivinglibrary.org](mailto:bonnicora@alivinglibrary.org)

*Indoor/Outdoor Community Learning Environments, International Culture-Ecology-Technology  
Think Parks<sup>®</sup>, & A Living Library<sup>®</sup> with Integrated Programs, Curricula, & Products*

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### Registration (please circle day/s) MONDAY, WEDNESDAY, &/or FRIDAY Form

My child or I, \_\_\_\_\_, (print student or adult's first & last name)  
has my permission to work with Life Frames, Inc and the RI Living Library & Think Park Program this  
summer working in the Living Library Gardens at PS/IS 217 and Coler-Goldwater Hospital.

#### I understand and accept that:

- My child or I will be helping with other students and adults from Roosevelt Island to learn about and work with plants and the landscape, do arts and crafts, drawing, digital media, and other related projects in activities at PS/IS 217 and/or Coler-Goldwater Hospital. .
- My child or I may come home with dirty clothes and shoes from working in the garden soil.
- My child or I will be working with the Living Library project each Monday, Wednesday &/or Friday afternoon from 2:00 PM - 5:30 PM beginning June 29, 2009 through August 31<sup>st</sup>, 2009.
- Images of my child or myself through participation in Life Frames, Inc. & A Living Library's Garden/Ecology/Arts/Nutrition/Literacy activities may be used for the purposes of documenting the students' & my good & important work with A.L.L programs in Print Media, Art Exhibits, Website, and/or TV/Radio through video, photos, digital camera, or recorded voice for A.L.L. program enhancement and/or Coler-Goldwater Specialty Hospital & Nursing Facility.

#### I have read this & want to participate:

Student or Adult's Printed Name \_\_\_\_\_

Student or Adult's Signature \_\_\_\_\_

Parent or Guardian's or Adult's Printed Name \_\_\_\_\_

Parent or Adult's Signature \_\_\_\_\_

Address (Print Full Address & Zip Code) \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_ Allergies/Other? \_\_\_\_\_

Your Child's or Your Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity of Child or Adult \_\_\_\_\_

Languages Spoken at Home \_\_\_\_\_

Are you also interested in working with ALL program & gardens during School Year? Yes \_\_\_\_\_ No \_\_\_\_\_

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## **A LIVING LIBRARY YOUTH / ADULT GARDEN / ECOLOGY / MULTI-ARTS PROGRAM**

### AGREEMENT AND LIABILITY RELEASE FORM

I \_\_\_\_\_, HEREBY ACKNOWLEDGE that I am voluntarily participating in  
(Print Your Full Name Here)

**the Roosevelt Island Living Library Youth / Adult Garden/Ecology/Multi-Arts/Nutrition /Literacy Summer Program** provided by **Life Frames, Inc.**, a New York and California non-profit corporation. I HOLD HARMLESS LIFE FRAMES, INC., & NYC HEALTH & HOSPITALS CORPORATION SHOULD ANY ACCIDENT OCCUR DURING ANY PART OF THE PROGRAM RESULTING IN PERSONAL INJURY OR PROPERTY DAMAGE TO ME, OR MY FAMILY MEMBERS, IF THEY ARE ALSO PARTICIPATING.

I understand that we will be working with diverse tools, equipment, and materials and that there might be a risk of injury from unforeseen circumstances. I understand that the garden sites and surrounding areas cannot be assured to be free of defects. I also understand that in addition to the above-mentioned risks, there may be unpredictable events that might be involved in this activity.

I also certify that I am physically and mentally fit for participation in these activities and have not been advised otherwise by a qualified medical person.

I consent to receive emergency medical treatment, which may be deemed advisable in the event of injury, accident and/or illness while participating in this program.

I FULLY UNDERSTAND THE ABOVE AND HEREBY HOLD HARMLESS LIFE FRAMES, INC. & NYC HEALTH & HOSPITALS CORPORATION, AND AGREE TO ACCEPT ANY AND ALL RISKS - INCLUDING PERSONAL INJURY, LIABILITY, OR PROPERTY DAMAGE.

**I agree, to the best of my ability, to participate in this program in a safe and courteous manner.**

Youth or Adult Participant Initial Here: \_\_\_\_\_

Parent or Guardian Initial Here: \_\_\_\_\_

This Release is intended to discharge in advance, Life Frames, Inc. & NYC Health & Hospitals Corporation, or any designated representatives or respective agents of those mentioned above, from and against any and all liability arising out of, or connected in any way with my participation in this project.

Furthermore, I hereby agree that I, my heirs and assigns will not make claim against, sue, attach the property of, or prosecute Life Frames, Inc. or NYC Health & Hospitals Corporation, or any other designated representative or respective agent of those mentioned above, for injury or damage resulting from active or passive negligence, carelessness or other acts, which might result from my participation in this program.

Youth or Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address/Zip Code/Phone # \_\_\_\_\_

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