



ARLINGTON COUNTY VIRGINIA

DEPARTMENT OF PARKS AND RECREATION
Community Recreation Division - Therapeutic Recreation Office
2121 N Culpepper St., Arlington, Virginia 22207
Office: 703-228-4740 TTY Relay 711 Email TRinfo@arlingtonva.us

If the participant lives in a group home, please give the street address, email address and phone number(s) for the group home.

Participant's Name \_\_\_\_\_ E-Mail Address: \_\_\_\_\_
Participant's Address: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_
Participant's Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_
Emergency Phone #'s: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

This agreement is to cover all TR Programs and includes our Social Clubs and TR Classes. Please sign and return to the Therapeutic Recreation office through mail, or scan and email to TRinfo@arlingtonva.us. Thanks!

Hold Harmless Agreement

Agreement to Release Assumption of Risk And Agreement To Hold Harmless

The undersigned is aware that there are certain inherent risks involved in participating in recreational programs including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participation in this program. In consideration of my being granted permission to participate in these activities and to use the facilities of the County and/or other activities and services provided by the Arlington County Department of Park and Recreation, its agents and employees, including food service, I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify the County and all its officers, departments, agencies, agents and employees from any and all claims, (except for claims based on malicious conduct by County officers and employees), lessees, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to me or my family's participation in the program. IN THE EVENT OF ILLNESS, ACCIDENT, or EXTREME DISRUPTION parent/guardians will be notified and will need to arrange to have the participant picked up as soon as possible I have read and understand this HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

[ ] Parent / Guardian or [ ] Participant

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Photographic Release For good purposes of publicity for the DPRCR and TRO, and for good and valuable consideration, permission is hereby granted to the Arlington County DPR, TRO to use photographs of \_\_\_\_\_ (participant name) for publicity, education, and in any or all publications and other media with limitations or servation.

[ ] I do give permission [ ] I do NOT give permission

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

Medical Information

Table with 3 columns: Question, YES, NO, EXPLANATION & COMMENTS. Rows include questions about medications, allergies, seizures, dietary restrictions, physical limitations, chronic conditions, fears, and behavior.

Please list any needed special assistance or accommodations you'd like us to provide to make sure the participant has a great year: