



**ARLINGTON COUNTY VIRGINIA**  
 DEPARTMENT OF PARKS AND RECREATION (DRP)  
 Community Recreation Division (CRD) – Therapeutic Recreation (TR)  
 300 N. Park Drive 2fl, Arlington, VA 22203  
 Office: 703-228-4740 TTY Relay 711 Email [TRinfo@arlingtonva.us](mailto:TRinfo@arlingtonva.us)

For TR Office Only

Date Received:

Year of Use:

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](mailto: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** I hereby give my permission without restriction to Arlington County and its assignees to photograph or videotape myself/participant during participation in Therapeutic Recreation programs. I specifically waive any rights to compensation with respect to myself/participant name, likeness, picture and/or voice. The purpose of this release is to facilitate publicity for County programs.

I **DO** give permission  I do **NOT** give permission

\_\_\_\_\_  
 Self/Parent/Guardian Signature Print Name Date

## Information & Characteristics

	YES	NO	EXPLANATION & COMMENTS
Medications	<input type="radio"/>	<input type="radio"/>	Type & Dosage _____
Allergies	<input type="radio"/>	<input type="radio"/>	_____
Seizures	<input type="radio"/>	<input type="radio"/>	_____
Dietary restrictions	<input type="radio"/>	<input type="radio"/>	_____
Physical limitations or restrictions	<input type="radio"/>	<input type="radio"/>	_____
Chronic condition or illnesses	<input type="radio"/>	<input type="radio"/>	_____
Unusual fears	<input type="radio"/>	<input type="radio"/>	_____
Easily upset	<input type="radio"/>	<input type="radio"/>	_____
Physically aggressive	<input type="radio"/>	<input type="radio"/>	_____
Withdrawn, shy	<input type="radio"/>	<input type="radio"/>	_____
Hyperactive	<input type="radio"/>	<input type="radio"/>	_____

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