



2022 Specialized Recreation Program Participant Information & Liability Waiver Form

PARTICIPANT INFORMATION

Name: _____

First

Middle

Last

Gender: Male Female Age: _____ Birthdate: _____ E-mail _____

Address: _____ City: _____ Zip: _____

Participant's Cell: () _____

Is the participant his/her own guardian? Yes No

Will an Aide be attending program with the Participant: Yes (If yes additional forms required) No

Main Point of Contact: *(Please legibly state who will be point of contact for schedule or program changes)*

Contact Name: _____
First Middle Last

Phone: () _____ Secondary Phone: () _____

Email: _____

Are you responsible for Payment? Yes No (If No, please complete below with responsible party's Information)

Contact Name: _____
First Middle Last

Phone: () _____ Secondary Phone: () _____

Mailing Address: _____ City: _____ Zip: _____

Email: _____

If using DDA/ DSHS Funds fill out below:

Case Manger Name: _____ Phone: () _____

Email: _____

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to participant: _____

Primary Phone: () _____ Secondary Phone: () _____

Email: _____

Name: _____ Relationship to participant: _____

Primary Phone: () _____ Secondary Phone: () _____

Email: _____

List two additional emergency contacts:

1. _____ Phone: () _____

Relationship to Participant _____

2. _____ Phone: () _____

Relationship to Participant: _____

GROUP HOME AGENCY: (If applicable) _____

Contact Name: _____ Phone: () _____

Email: _____

Supervisor/ House Lead of Group Home: _____

HEALTH and PHYSICAL INFORMATION

Disability:

Physical (including mobility, hearing, vision)

Cognitive (including behavior/emotional)

Medical (Doctor's restrictions on activities, allergic reactions/allergies): _____

Dietary Restrictions: _____

If any serious allergic reactions should occur, the City of Shoreline staff will immediately call 911

SEIZURES

If the participant is subject to seizures, please describe type, frequency and duration:

Symptoms for seizures

Before: _____

During: _____

After: _____

Most Recent: _____

*******911 will be called for all seizures lasting longer than 5 minutes
(or shorter if requested)*******

PARTICIPANT COMMUNICATION

Verbal

Non-Verbal

If non-verbal, what communication methods are used: _____

If the participant uses any communication devices, please list: _____

BEHAVIORS

To help the participant succeed and better accommodate their needs, please share any behavioral issues we should be aware of. Please be thorough and descriptive:

Anger: _____

Problems with Authority: _____

Wandering: _____

Withdrawn/Shy: _____

Easily Discouraged: _____

Hyperactive: _____

Easily Distracted/Short Attention Span: _____

Bites/Scratches/Kicks: _____

Anxiety: _____

Phobias: _____

- Self-Abuse:** _____
- Inappropriate/overt sexual behavior:** _____
- Inappropriate behavior around children:** _____
- Conviction of Sexual Offense:** _____
- Other:** _____
- Successful types of positive reinforcement:** _____

Are there any settings or activities that might cause behavior difficulties? (i.e., noisy surroundings, airplanes, escalators, elevators, flashing lights, etc.?) _____

Describe the best way to get the participant involved in an activity: _____

Please indicate the best way to introduce or explain new tasks or transitions: _____

Please indicate what types of things frustrate the participant: _____

How can the participant be redirected? _____

Is this the first experience for the participant with our department? Yes No

If **NO** please list the name and dates of the last few programs attended: _____

Any additional information you think may be helpful to know: _____

PICK UP and DROP OFF INFORMATION

- ACCESS- Metro Public Transportation- (The participant can leave at own will)
- Walks Home Independently
- Parent/Guardian Family or Friend
- Group Home/Caretaker



2022 Specialized Recreation Program Liability Waiver Form

COVID-19 Waiver:

I acknowledge that the novel coronavirus (COVID-19) infections have been confirmed throughout the United States and Washington State, including several cases in the City of Shoreline. I understand that in accordance with the most recent guidance and protocols issued by the World Health Organization, the Centers for Disease Control and Prevention (CDC), the Washington State Department of Health, and the Seattle/King County Department of Health for slowing the transmission of COVID-19, the City of Shoreline has established procedures to implement the guidance and protocols and, at any time, may revise its procedures based on updated guidance and protocols and I agree to comply with, and instruct my child(ren) to comply with, the City's procedures and any revision to the City's procedures.

I understand that the City cannot guarantee that anyone visiting its facilities or participating in its programs will not be exposed to or infected by COVID-19; that due to the nature of the City's facilities and programs, social distancing of six (6) feet per person among children and City Staff is not always possible; and that the risks of being exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including City of Shoreline officials, employees, or agents. Therefore, I understand the known and unknown dangers of utilizing the City's facilities and programs due to COVID-19 and acknowledge that use thereof by myself and/or any participating child(ren) may, despite the City's reasonable efforts to mitigate such dangers, result in exposure to or infection by COVID-19, which could result in quarantine requirements, serious illness, disability, and/or death.

I hereby agree, represent, and warrant that neither myself nor any participating child(ren) shall visit or utilize the City of Shoreline's facilities or programs within fourteen (14) days after: (1) returning from highly impacted areas subject to a CDC Level 3 Travel Health Notice, (2) exposure to any person returning from areas subject to a CDC Level 3 Travel Health Notice, or (3) exposure to any person who has a suspected or confirmed case of COVID-19.

I hereby agree, represent, and warrant that neither myself nor any participating child(ren) shall visit or utilize the City of Shoreline's facilities or programs if they: (1) are experiencing symptoms of COVID-19, including but not limited to, fever, cough, shortness of breath, muscle aches, or sore throat, or (2) has a suspected or diagnoses/confirmed case of COVID-19.

HAVING READ THIS DOCUMENT AND BEING FULLY INFORMED OF THE CONTAGIOUS NATURE OF COVID-19 AND THE RISKS, KNOWN AND UNKNOWN, OF BEING EXPOSED TO OR INFECTED BY COVID-19, I ASSUME ALL RISK AND SOLE RESPONSIBILITY of injury, damage, and harm to myself or my child(ren) which may arise from my participation or my child's participation in the City's programs or use of its facilities. I FURTHER AGREE TO RELEASE AND HOLD HARMLESS THE CITY OF SHORELINE, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) arising, directly or indirectly, out of my participation or the child's/children's participation in the City's programs or the use of its facilities.

Waiver of Liability/Assumption of Risk

I am 18 years of age or older, fully competent and am the parent or legal guardian of the minor children shown on this Liability Waiver Form. It is important to me that I and/or the Participant be allowed to participate in recreation programs and community events offered by the Shoreline Parks, Recreation, and Cultural Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, and other special interests classes, and I understand there are special dangers and risks inherent in these programs and events including, but not limited to, the risk of serious physical injury, death, or other harmful consequences which may arise directly or indirectly from my participation and/or the Participant's participation in the activity. HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS and in consideration of me and/or the Participant being allowed to participate in the activity and/or use the City facilities, I assume all risk of injury, damage, and harm to myself or the Participant which may arise from my participation or the Participant's participation in the activities or use of City facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, and agents, and agree to waive any right of recovery that I or my heirs and successors may personally have in the future to bring a claim or lawsuit for damages against the City of Shoreline, its officials, employees, and agents for any personal injury, death, or harmful consequences occurring to me or my child/ward arising out of my participation or the Participant's participation in the activity.

Photograph/Video Release

I hereby authorize the use of the photographs and/or videotapes of me or the Participant as part of the City of Shoreline promotions. I understand that if I do not wish to have photographs taken, I must call (206) 801-2600 to request a photo waiver.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

Print Name: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

Print Name: _____

**Please mail, email or bring this original, signed copy to: shorelineparks@shorelinewa.gov
206-801-2600**

**City of Shoreline
Spartan Recreation Center
202 NE 185th Street
Shoreline, WA 98155**