



2024 SPECIALIZED RECREATION PROGRAM PARTICIPANT INFORMATION & LIABILITY WAIVER

PARTICIPANT INFORMATION

Full Name* : _____

Birthdate* : ____ / ____ / ____ Age*: _____ Gender: Male Female Non-Binary

Address* : _____

Phone Number : _____ E-Mail : _____

Living Arrangement*: Parent/ Guardian Assisted Living Group Home Agency Other: _____

Participants needing individual assistance to participate in programs, including toileting, transferring, eating, dressing, or behavior intervention, **must bring an attendant/aide to programs.** The aide must fill out additional paperwork to attend.

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

PRIMARY CONTACT *(Please state who will be primary contact for scheduling or program changes)*

Contact Name* : _____

Address* : _____

Phone Number* : _____ Secondary Phone : _____

E-Mail*: _____ Relationship to Participant*: _____

Should this person be contacted for the Following*: Billing Registration Medical or Behavioral Emergency
(check all that apply)

PAYMENT *How will services be paid for?*

DDA/ DSHS Case Manager's Name*: _____ Phone Number*: _____

E-Mail*: _____

Private Pay Scholarship (Shoreline Residents only. Additional Paperwork Required)

EMERGENCY CONTACT DETAILS *2 Additional Emergency Contacts*

1. Contact Name*: _____

Phone Number*: _____ Secondary Phone : _____

Relationship to Participant*: _____

2. Contact Name*: _____

Phone Number*: _____ Secondary Phone : _____

Relationship to Participant*: _____



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PLEASE RETURN TO:
RCCS-SPARTAN RECREATION CENTER
202 NE 185TH ST SHORELINE, WA 98155
PHONE: (206) 801-2600 EMAIL: SHORELINEPARKS@SHORELINEWA.GOV

GROUP HOME AGENCY/ ASSISTED LIVING *(If Applicable)*

Group Home Name/Assisted Living Name*:

Contact Name*:

E-Mail*: Phone Number*:

Supervisor*:

HEALTH AND PHYSICAL INFORMATION

Participant Diagnosis (Select All That Apply)*

- | | | |
|---|---|--|
| <input type="checkbox"/> Autism Spectrum Disorder ASD | <input type="checkbox"/> ADHD/ ADD (Attention-Deficit/Hyperactivity Disorder) | <input type="checkbox"/> Vision Disability |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Developmental Delays |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Genetic Disorder | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Hearing Loss | <input type="text"/> |
| <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> Learning Disability | |

Other Psychological Diagnosis

Other Physical Diagnosis

Medical (Doctor's Restrictions on activities, Allergic reactions/Allergies:

Dietary Restrictions:

Seizures* Yes (If yes, fill below) No

Type

Frequency

Duration

Symptoms for Seizures

Before

During

After

Most Recent

911 WILL BE CALLED FOR ALL SEIZURES LASTING LONGER THAN 5 MINUTES SHORTER IF REQUESTED

Yes, Call After:



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COGNITIVE AND BEHAVIOR TRIGGERS

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

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 Behaviors: _____

Inappropriate Behaviors Around Children: _____

Convictions of a Sexual Offense: _____

Other: _____

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: _____



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COGNITIVE AND BEHAVIOR TRIGGERS CONTINUED

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?

Any additional information you think may be helpful to know

Is Participant on a Behavioral Support Plan?

If so would you be willing to provide a copy with this form.

Yes

No

PARTICIPANT COMMUNICATION

Verbal

Non-Verbal

If non-verbal, what communication methods are used

If the Participant uses any communication devices, please list:

PICK UP AND DROP OFF INFORMATION

Access/DART

Public Transportation

Walks Home Independently

Parent/Guardian

Group Home/Assisted Living Staff

Family or Friend

ASSUMPTION OF RISK AND LIABILITY WAIVER

General Waiver:

I am 18 years of age or older, fully competent and am the participant or the parent or legal guardian of the participant shown on this Liability Waiver Form. It is important to me that I and/or my child(ren) or ward(s) be allowed to participate in recreation programs and community events offered by the City of Shoreline Recreation, Cultural and Community Services Department. I understand that these programs and events include, but are not limited to, dance, sports, fitness, aquatics, [JAT1] 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 child's or ward's participation in the activity. **HAVING READ THIS WAIVER AND BEING FULLY INFORMED OF THESE RISKS** and in consideration of me and/or my child(ren) or ward being allowed to participate in the programs and events or use the City's facilities, I assume all risk of injury, damage, and harm to myself or my child(ren) or ward which may arise from my participation or my child's or my ward's participation in programs and events or use of the City's facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, volunteers, 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, volunteers, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) or my ward arising out of my participation or the child's/children's or ward's participation in the programs and events or use of the City's facilities.

Photograph Waiver:

I hereby authorize the use of photos/video of myself and my child(ren) or ward(s) by the City of Shoreline for promotional purposes of programs, events, and its facilities, whether in the present or the future.

I understand that if I DO NOT wish to have photographs and/or videotapes of me or my child(ren) or ward(s) to be utilized for promotional purposes, I must call (206) 801-2600 prior to the first day of the program, event, or use of a City facility.



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COVID-19 Waiver:

I acknowledge that the novel coronavirus (COVID-19) infections have occurred throughout the United States and Washington State, including 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) or ward(s) 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 and events will not be exposed to or infected by COVID-19; that due to the nature of the City's facilities, programs, and events, 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, my child(ren) or ward(s), and others, including City of Shoreline officials, employees, volunteers, or agents. Therefore, I understand the known and unknown dangers of utilizing the City's facilities and participating in the City's programs and events 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) or ward(s) shall visit or utilize the City of Shoreline's facilities or participate in its programs and events 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) or ward(s) shall visit or utilize the City of Shoreline's facilities or participate in its programs and events 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, my child(ren), or my ward(s) which may arise from my participation or my child's participation in the City's programs and events or use of its facilities. I further agree to release and hold harmless the City of Shoreline, its officials, employees, volunteers, 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, volunteers, 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 and events or the use of its facilities.

Assumption of the Risk and Waiver Online Activities:

I understand that the City of Shoreline is not responsible for the quality of the internet connection to any on-line activity, program, or event. I understand that a separate registration and waiver is required for each person who attends a City of Shoreline sponsored on-line activity, program, or event. I am responsible for the safety and appropriateness of the facility and equipment I use during my participation in the on-line activity, program, or event. I am responsible to follow the instructor's instruction and I understand the on-line activity, program, or event does not provide individualized instruction or guidance. I further understand that if I, or my child or ward, is participating in a real-time virtual program or event, that while the instructor will exercise reasonable care in monitoring the program or event activity, that I am solely responsible for ensuring the necessary steps are taken to address an emergency situation, including but not limited to calling 911 or the implementation of first aid measures.

2024 Electric Wheelchair/Scooter Liability Waiver

Participant Name (Print): _____

This Assumption of Risk and Liability Waiver supplements and adds to the Assumption of Risk and Liability Waiver executed on _____.

In consideration of use of the ZiiLIF R3b, I assume all of the risks of use, including but not limited to, any risks that arise from my use or my child's or ward's use of the wheelchair which include personal injury, death, and property damage to both myself, my child or ward, or others. I hereby waive, release, and forever discharge the City of Shoreline, its officials, employees, agents, and volunteers from any and all actions, causes of action, claims, suits, liabilities, losses, damages, or costs of any nature which may arise out of or in connection with my use of the wheelchair, including claims of product liability or breach of warranty. I further agree to release and hold harmless the City of Shoreline, its officials, employees, volunteers, 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, volunteers, and agents for any personal injury, death, or harmful consequences occurring to me or my child(ren) or my ward arising out of or in connection with use of the wheelchair except for those caused by the sole negligence of the City of Shoreline.

I agree to comply with, and direct my child or ward to comply with, all safety procedures for use of the wheelchair established by the City of Shoreline, including demonstrating an ability to operate the wheelchair. I further agree that the City of Shoreline may terminate use of the wheelchair at any time if I am not operating the wheelchair competently, safely, or for any other reason the City of Shoreline, in its sole discretion, deems sufficient.

Participant (if own legal guardian)	Print Name:	Date:
	Signature:	
Parent/Legal Guardian Print	Print Name:	Date:
	Signature:	

SIGNATURE OF PARTICIPANT _____ **DATE:** _____

Print Name: _____

SIGNATURE OF LEGAL GUARDIAN: _____ **DATE:** _____

Print Name: _____