



2020 Snohomish County Specialized Recreation
Participant Information & Liability Form

Participants Full Name: _____

Sex: Male Female Age: _____ Birth date: _____

Mailing Address: _____ City: _____ Zip: _____

Participants Home Phone: () _____ **Participants Cell :**() _____

Parent/Guardian numbers:

Name: _____ Phone: _____

Name of Group Home Agency: _____

Contact Name: _____ Phone:() _____

List two emergency contacts (not already mentioned):

1. _____ Phone:() _____

2. _____ Phone:() _____

E-mail address for program updates: _____

Disability Diagnose(s) (Please be specific) _____

Please check each section if applicable and make notes as necessary:

Uses a wheelchair **Uses DART Bus** **Will be bringing an attendant**

Allergies: Please list: _____

Seizures:

Symptoms: Before: _____

During: _____

After: _____

Frequency: _____ Most recent: _____

Diabetes: _____

Dietary Restrictions _____

Verbal **Non-Verbal**

If non-verbal, what communication methods are used:

Hearing Impaired: _____ **Vision Impaired:** _____

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

- Anger**_____
- Wandering**_____
- Anxiety**_____
- Phobias**_____
- Inappropriate/overt sexual behavior**_____
- Self-Abuse**_____
- Inappropriate behavior around children**_____
- Conviction of Sexual Offense**_____

Types of positive reinforcement:_____

Any Additional Information we may find helpful:

This information form will be kept on file in the Recreation Office.

Indemnification. As the parent/guardian or participant names on this form, I understand that there are risks of injury in any activity. As Snohomish County will make every effort to ensure a safe environment for all Park's activities I agree to the extent permitted by law to indemnify and release Snohomish County, its officers, officials, employees and agents from all liability arising from claims and/or damages in connection with the activities listed on this form except for damages arising out of the County's sole negligence. In addition, as the undersigned parent/guardian or participant, I acknowledge and agree that the County does not assume any responsibility whatsoever for personal property brought to or used in the program and as the undersigned, I will not hold the County liable for any loss or damage to same. Further, the undersigned gives permission to have photograph or video tapes taken during activities and used for publicity purposed without compensation.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF LEGAL GUARDIAN: _____ DATE: _____

Please mail or bring this original, signed copy to:

**Snohomish County Parks & Recreation
Willis Tucker Community Park
6705 Puget Park Drive
Snohomish, WA 98296
Attn: Shane Marquardt**