

**City of Charlottesville Therapeutic Recreation  
Yearly Liability/Photo Release Form 2018**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Male Female (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email address \_\_\_\_\_ Guardian/Parent/Legal Custodian Email \_\_\_\_\_

City Resident County Resident (circle one)

Height/Weight \_\_\_\_\_

Disability (please list all, physical and cognitive) \_\_\_\_\_

\_\_\_\_ Participant lives in group home \_\_\_\_ Participant lives at home with family \_\_\_\_ Lives independently

Does participant have a Region Ten Counselor or other counselor? Yes No (circle one)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contacts:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Health/Dietary restrictions, allergies, or special needs: \_\_\_\_\_

Seizures? \_\_\_\_\_ Controlled? \_\_\_\_\_ Date of last seizure? \_\_\_\_\_

**Medication Information:**

Does the participant generally take medication? Yes No (circle one)

List participant's prescription medication:

Is the participant able to self-administer his/her own medications? Yes No (circle one)

Please comment on any additional medical information we should know about:

**Behavior Profile:**

Please describe the participant’s general behavior and social abilities.

Please describe the participant’s communication skills (if participant is non-verbal, to what extent can s/he make her/his needs known)?

Please comment on the participant’s ability to stay with the group while on day/overnight trips/activities. (Does the participant have a tendency to wander? Is the participant easily distracted by other sights when moving with a group? Will the participant walk away for a group on his/her own?)

Additional comments?

**Liability Release:** I understand the nature and scope of therapeutic recreation activities. I understand that there are risks and dangers associated with the activity. I understand that it is not the function of the City of Charlottesville, its employees, agents, operators, or instructors to guarantee the safety of participants with respect to this activity. I also understand my responsibility to follow safety rules and stay within supervision.

In consideration of my/the participant's being permitted to enroll in this activity, I hereby release, indemnify and hold harmless the City of Charlottesville, it's employees, agents, operators and instructors from any and all claims, demands, costs, charges, and expenses for harm, injury, damage or loss which may be sustained by me/the participant as a result of or relating to participation in this activity.

**Photo Permission:** I give the City of Charlottesville, its officials and employees, to photograph or videotape the above named participant. I understand and agree that the participant’s picture and any materials he or she has produced during the program may be placed on the City’s website or within other materials publicizing the City’s Recreation Programs. I also give permission for the participant, or his or her picture, to appear in the newspaper or on television as a participant in the Recreation Program.

**I HAVE READ, AND UNDERSTAND THE ABOVE LIABILITY/PHOTO RELEASE.**

In witness whereof, I have executed this Liability Release as my own free act on the

\_\_\_\_\_ Day of \_\_\_\_\_, \_\_\_\_\_ (year)

X \_\_\_\_\_ X \_\_\_\_\_  
Participant and or Parent/Guardian/Legal Custodian