



City of Charlottesville Therapeutic Recreation
Yearly Liability/Photo Release Form 2017

Name _____ Birthdate _____ Male Female (circle one)

Address _____ ZIP _____

Home # _____ Cell # _____ Work # _____

Height/Weight _____

City Resident _____ County Resident _____ Email address _____

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? _____

Name: _____ Phone number: _____

Emergency Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Doctor: _____ Phone: _____

Health restrictions, allergies, or special needs: _____

Seizures? _____ Controlled? _____ Date of last seizure? _____

Medication Information:

Does the participant generally take medication? Yes No

List participant's prescription medication:

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

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, its 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