



2017 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:**

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*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: Natalia Thomas**