

THERAPEUTIC RECREATION SERVICES

2020 FALL PROGRAMS

TRS Bicycling

4 Weeks | Ages 16+ Enjoy Spokane's natural beauty by bicycle. Participants need to be physically active and have the ability to ride a bike safely. Group divided by ability. Helmets are required. **Meet at Mirabeau point park trail head, 13500 Mirabeau Pkwy, Spokane Valley.**

6238 | Sun | 9/20-10/11 | 3-5pm | \$43

TRS Cornhole & Pizza

4 weeks | Ages 12+ Fresh air, fun and favorite lawn game-Cornhole. One set for 4 players in right field, One set for 4 players in left field, Field 1 and/or 5, playing under the field lights. Paired up and play 45-60 minutes. Pizza served during remainder 30 minutes. Prizes at end of program. **Meet at Dwight Merkel Complex, 5701 N Assembly St.**

6275 | Mon | 9/21-10/12 | 5:30-7pm | \$49

TRS Disc Golf

2 days | Ages 12+ We will visit two different Spokane Parks and Recreation parks that have a Jr. Disc golf course. Safety, and throwing fundamentals will be covered. Games played each week. Disc is included in price. Discs and pizza provided. Pizza served at the end of weekly play.

Ben Burr Park - 4401 S. Havana St. (43rd & Havana St.)

6247 | Wed | 9/30 & 10/7 | 3:30-5pm | \$39

Hays Park - 1812 E. Providence Ave.

6248 | Fri | 10/9 & 10/16 | 3:30-5pm | \$39

TRS Hiking

1 day | Ages 12+ Discover the beauty of local Spokane areas. Participants must be able to follow directions, stay with a group and be in good physical condition to do 2-3 miles of moderate hiking. Bring a snack/lunch/water.

Manito & Cannon Hill Park Loop - Park Mirror (Duck) Pond
1702 S. Grand Ave. Main entrance of park off of Grand.

6242 | Sat | 10/3 | 9-11:30am | \$19

Finch Arboretum - 3404 W. Woodland Boulevard

6245 | Fri | 10/23 | 1:30-4:30pm | \$19

Fish Lake Trail

6244 | Fri | 10/30 | 10:30am-1:30pm | \$19

Palisades Park - 5200 W. Greenwood Rd- Rimrock View Trail

6241 | Fri | 11/6 | 10:30am-1:30pm | \$19

TRS Ice Skating

9 weeks | Ages 8+ Participants with developmental disabilities learn to skate and improve fundamentals and existing skills. No figure skating taught this year. Please dress warmly. If Special Olympics offers competition, in order to compete we will need current AFP's by January 3, 2021. **Meet at Eagles Ice Arena, 6321 N. Addison St.**

6273 | Sat | 10/10-12/19 | 12:15-1pm | \$69

*no class 11/14 & 11/28

TRS Line Dancing

4 weeks | Ages 14+ Easy beginner line dancing is for everyone. Grab your dancing shoes and join us as we learn the fundamentals of line dancing. Due to Covid protocols the size of class will be limited and each person will be physically distanced while dancing. **Meet at Franklin Park Shelter, 302 W. Queen.**

6294 | Thu | 10/1-10/22 | 1:30 -2:30pm | \$29

TRS Pre-Ski Season Walking

6 weeks | Ages 12+ Take a Saturday walk in the park at Mission Park. Get in shape for the upcoming ski season. Walk at your own pace. Poles are provided. **Meet at Mission Park, Mission & Perry.**

6274 | Sat | 10/10-11/14 | 9:30-11am | \$29

TRS Swimming

Whitworth University Aquatic Center, 300 W. Hawthorne.

Blue Dolphin Swim Team

8 weeks | Ages 8+ For people with developmental disabilities who want to swim competitively or get a good workout. Ability to swim 75 yards without assistance and with rhythmic breathing. *Due to Covid protocols there will be two sessions of 1 hour each.* Each session of 10 people will rotate between in pool swimming and on deck exercising/stretching.

6250 | Sun | 10/4-11/22 | Hour 1 | 2:15 -3:15pm | \$57

6276 | Sun | 10/4-11/22 | Hour 2 | 3:20-4:20pm | \$57

Learn to Swim: Intermediate

8 weeks | Ages 8+ Individuals who have mastered the Beginner skills and are ready to move on. Skills worked on will be distance swimming, breast stroke, butterfly, diving, simple turns and deeper water experience.

6251 | Sun | 10/4-11/22 | 2:15 - 3pm | \$57

Learn to Swim: Beginner

8 Weeks | Ages 8+ Individuals will learn how to face float, back float, kick with floats and learn the crawl stroke with rotary breathing. Elementary back stroke and back crawl will be taught with the goal to be able to do for 20 yards.

6253 | Sun | 10/4-11/22 | 3-3:45pm | \$57

TRS Walking

4 Weeks | Ages 12+ If you enjoy the outdoors, exercise and socializing with friends this weekly stroll is for you. We will divide the group into slow and fast walkers. **Meet at Manito Park Mirror (Duck) Pond 1702 S. Grand Ave. Main entrance of park off of Grand.**

6239 | Thu | 9/24-10/15 | 4-5pm | \$27

PRE-REGISTRATION REQUIRED FOR ALL CLASSES.

REGISTER ON-LINE: at SpokaneRec.org.

REGISTER BY PHONE: Registration will be accepted ONLY with VISA or MasterCard at 311 (outside the city, call 509.755.2489 and press 3).

REGISTER IN PERSON: at City Hall (corner of Post & Spokane Falls Blvd.), the 1st floor, at the MySpokane Customer Service Counter. Make checks payable to "City of Spokane."

Covid Liability Form needed for each participant. **Using DDA Funding:** Send registration to abusch@spokanecity.org. Spokane Parks Foundation has given TRS scholarship funds. A limited amount will be available based on financial need. Use the contact information below to request the application packet.

QUESTIONS?: Call 625.6245, email abusch@spokanecity.org

The Therapeutic Recreation Services program is following all Covid-19 State Outdoor Recreation Outfitter Guidelines, Whitworth Aquatic Center guidelines, Eagles Ice Arena guidelines as required by the Governor as well as the City of Spokane and Spokane Regional Health District. Additional trip and COVID-19 safety precaution information and liability form will be emailed to you after registration. In the meantime if you have any questions please email abusch@spokanecity.org or call 509.625.6245.



CITY OF SPOKANE PARKS & RECREATION DEPARTMENT WAIVER AND RELEASE OF LIABILITY

WARNING: PLEASE READ CAREFULLY BEFORE SIGNING!

THIS IS A RELEASE OF LIABILITY & WAIVER OF CERTAIN LEGAL RIGHTS INCLUDING THE RIGHT TO SUE OR CLAIM COMPENSATION

1. Each person participating in the City of Spokane Parks & Recreation Division’s activity identified herein (referred to as “Activity”) is referred to as “Participant.” I, the undersigned, am a Participant and, if a Participant is under 18 or has a guardian, I am the Participant’s parent or legal guardian. I understand that participating in the Activity referenced herein can be HAZARDOUS AND INVOLVE THE RISK OF PHYSICAL INJURY AND/OR DEATH.
2. I understand the dangers and risks of the Activity and that Participant ASSUMES ALL INHERENT DANGERS AND RISKS of the Activity.
3. In consideration for being permitted to participate in the Activity, I AGREE, to the greatest extent permitted by law, TO WAIVE ANY AND ALL CLAIMS AGAINST AND TO HOLD HARMLESS, RELEASE, INDEMNIFY, AND AGREE NOT TO SUE the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a “Released Party”) FOR ANY INJURY, INCLUDING DEATH, LOSS, PROPERTY DAMAGE, OR EXPENSE, WHICH I, OR PARTICIPANT, MAY SUFFER, ARISING IN WHOLE OR IN PART OUT OF PARTICIPANT’S PARTICIPATION IN THE ACTIVITY except only for injury or damage caused by the sole negligence of the City of Spokane, its employees, or agents. To the extent Participant’s damages were caused by or resulted from the concurrent negligence of the City of Spokane, its elected and appointed officers, employees, agents, or representatives, the obligation to indemnify, defend, and hold harmless is valid and enforceable to the extent of the negligence of Participant.

I UNDERSTAND THAT I AM ENGAGING IN AN ACTIVITY THAT HAS NUMEROUS INHERENT RISKS THAT COULD LEAD TO MY SERIOUS INJURY (INCLUDING COMPLETE PARALYSIS) OR DEATH. I ACKNOWLEDGE THAT REMOVING THOSE RISKS IS NOT POSSIBLE AND ELIMINATING THOSE RISKS WOULD FUNDAMENTALLY CHANGE THE NATURE OF THE ACTIVITY AND WOULD JEOPARDIZE THE ESSENTIAL QUALITIES OF THE ACTIVITY.

IN FURTHER CONSIDERATION FOR ALLOWING PARTICIPANT TO PARTICIPATE IN THE ACTIVITY, I FURTHER RELEASE AND GIVE UP ANY AND ALL CLAIMS AND RIGHTS THAT I MAY NOW HAVE AGAINST ANY RELEASED PARTY AND UNDERSTAND THIS RELEASES ALL CLAIMS, INCLUDING THOSE OF WHICH I AM NOT AWARE, THOSE NOT MENTIONED IN THIS RELEASE AND THOSE RESULTING FROM ANYTHING WHICH HAS HAPPENED UP TO NOW.

4. I AGREE TO PAY ALL COSTS, INCLUDING ATTORNEYS’ FEES, INCURRED BY ANY RELEASED PARTY IN DEFENDING AN INVESTIGATION, CLAIM, OR LAWSUIT BROUGHT BY OR ON PARTICIPANT’S BEHALF WHETHER ARISING IN WHOLE OR IN PART FROM PARTICIPANT’S PARTICIPATION IN ANY ACTIVITY OR FROM ANY MISREPRESENTATIONS OR FRAUDULENT EXECUTION OF THIS AGREEMENT.
5. I represent that Participant is in good health and that there are no special problems associated with Participant’s physical or mental condition that would enhance the risks of my participation in the Activity, that would increase the likelihood of my injury and/or death, or that would interfere with my safety in the Activity. I authorize a licensed physician or other medical care provider to carry out any emergency medical care for Participant which may be necessary and agree to be fully responsible for any costs associated with such care or transport to such care.
6. I grant the Released Parties the right of publicity to own and use any image collected of Participant while participating in the Activity. **YES** **NO**
7. I agree that any and all claims for loss, injury, and/or death arising from Participant’s participation in the Activity shall be governed by the law of the State of Washington and that exclusive jurisdiction of any such claim shall be in a court of competent jurisdiction in the in the State of Washington, County of Spokane.
8. BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT’S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement. I acknowledge that the Activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis, or death to Participant as well as damage to property, or to third parties. I understand that such risk cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness, or liability resulting from Participant’s participation. I waive any claims and agree to hold harmless and not sue Released Parties from all claims or liability arising out of Participant’s participation. I have been made aware of the itinerary and give permission for Participant to ride in the vehicle designated by the staff of the City of Spokane Park & Recreation Division while attending or participating in the Activity, and I understand this release/waiver applies with equal weight to any claim arising from riding in a vehicle, including entering or exiting the vehicle. I certify that the Participant has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

In case of emergency involving Participant, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by City of Spokane personnel to examine and in the event of injury or serious illness administer emergency care to the above-named participant which may include hospitalization, anesthesia, surgery, or injections of medication for Participant. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for City of Spokane Parks & Recreation staff or volunteers to obtain emergency care for Participant, I agree that neither the City of Spokane nor any of its personnel assumes financial liability for expenses incurred because of the accident, injury, or illness.

9. I understand that this Agreement will apply for each and every day Participant participates in any Activity. I understand that this Agreement is a contract and, to the fullest extent permitted by law, shall be binding on me and my assignees, subrogors, distributors, heirs, next of kin, executors and personal representatives. If any part of this Agreement is deemed to be unenforceable, the remaining terms shall be an enforceable contract between the parties.

MINOR PARTICIPANT INFORMATION – requires Parent/Guardian to complete, sign & date below

Minor – Last Name, First name, M.I. (print)

Date of birth (MM-DD-YYYY)

ADULT PARTICIPANT INFORMATION – required to complete, sign & date below

Adult/Parent/Guardian - Last, First, M.I. (print)

Date of birth (MM-DD-YYYY)

Signature

Date

Emergency Contact (print)

Relation

Phone number



City of Spokane Parks and Recreation Department
ACTIVITY REGISTRATION FORM

509.755.CITY (2489)
 SpokaneParks.org

Which program are you registering for? <input type="checkbox"/> General <input type="checkbox"/> TRS PAYEE INFORMATION	LAST NAME		FIRST NAME		MI
	ADDRESS			CITY/STATE	ZIP
	DAY WORK OR CELL PHONE		NIGHT PHONE		EMAIL

PARTICIPANT INFORMATION			BIRTHDATE	AGE	GENDER	ACTIVITY NUMBER	ACTIVITY NAME	FEE
LAST NAME	FIRST NAME	MI						
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Statistical Information (birthdate & sex of participant) is used for demographics and to customize course activities

Make checks payable to: City of Spokane Credit Card /Debit Card payments are also accepted in the form of VISA, MC or AMEX for Online or Phone Registrations Only.	Mailing Address: Spokane Parks & Recreation Department Class Registration – My Spokane 808 W. Spokane Falls Blvd. Spokane, WA 99201-3317	Total Program Fees: \$
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DDA will send funds. Yes No **Case Manager**
 Name: _____ phone # _____ email: _____

Please contact your case manager to send verification of payment to: abusch@spokanecity.org

THERAPEUTIC RECREATION ONLY General supervision is provided 15 minutes prior to class time and 15 minutes at end of class. If additional supervision is required there will an additional fee imposed.

Check One: Group Home/Institution _____ In Own Home/Apartment _____ Private Home With Parent _____

Dietary Precautions/Foods to avoid:

Allergies: Bee/Wasp Stings Drug Allergies Food Allergies Latex Allergies Other Please Specify:

Activity Limitations/Physical problems (if any):

Will you (your child) need to be reminded to take medications during program hours? Yes No

Careprovider/Support Staff provided? Yes No

Will you be using Paratransit? Yes No If yes, what is your rider number?

THERAPEUTIC RECREATION

Do you have any disabilities? (be specific)

Participant Personal Needs:

Therapeutic Recreation staff provides leadership and supervision for the activity but are unable to provide attendant care (feeding, toileting assistance, giving medications, transfers, etc.). Care providers should accompany participants who need such attendant care. Parks & Recreation staff reserves the right to mandate a care provider as a prerequisite to participation. Registration fees for care providers will vary by activity.

Social Skills/Behavioral Info:	Participation: <input type="checkbox"/> Easily <input type="checkbox"/> Needs Occasional Prompting <input type="checkbox"/> Needs Constant Prompting	Needs Help Managing: <input type="checkbox"/> Behavior <input type="checkbox"/> Personal Space <input type="checkbox"/> Emotions	Behavioral Triggers or fears: Other information:
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Mobility and Adaptive Equipment:	Do you use adaptive equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair: <input type="checkbox"/> Manual <input type="checkbox"/> Full-time <input type="checkbox"/> Electric <input type="checkbox"/> Part-time	Check all that apply: <input type="checkbox"/> Cane/Crutches <input type="checkbox"/> AFO's/Splint/braces <input type="checkbox"/> Walker	Other information:
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Daily Life:	Toileting: <input type="checkbox"/> Independent <input type="checkbox"/> Independent w/reminders <input type="checkbox"/> Only with assistance	Eating <input type="checkbox"/> Independent <input type="checkbox"/> Independent w/ partial assistance <input type="checkbox"/> Only with assistance	Communication Information: <input type="checkbox"/> Verbal and clearly understood <input type="checkbox"/> Verbal but not clearly understood <input type="checkbox"/> Non-verbal <input type="checkbox"/> Uses sign language <input type="checkbox"/> Uses a communication board	Other information:
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Additional Personal Needs Information:

MEDICATION INFORMATION & WAIVER † gjl bUh fY fYei jfYX

This form must be completed by all participants who require medication while attending a City of Spokane activity (referred to herein as "Participant"). **Please complete the Medication Information Form & Waiver of Liability even if Participant will not take medication while at the activity.** This information will help us better assist Participant with medications.

- The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.
- Participant must be able to take his/her own medications while at the activity.
- Please package medication by dose in individual extra small zip lock bags or blister cards labeled by the pharmacy to include: 1) name of Participant; 2) name of physician; 3) name of pharmacy; 4) dosage and amount; and 5) time to take. For example, if Participant takes six different medications at dinner time there should be six small zip lock bags or blister cards, each with the label information listed above. Then put all bags in a larger zip lock bag labeled with Participant's name, date, day, and time to take; e.g. Sam Jones, Saturday, June 15, 6:00 pm.
- Please send only the amount of medication needed for the dates of the activity. Do not send excess dosages.
- If Participant has a medical insurance card, please bring it in case of emergency.

WAIVER OF LIABILITY: I understand that personnel from Parks & Recreation will administer only the prescribed medication mentioned in this Medication Information Form. I hereby waive any and all claims against the City of Spokane, which includes the City of Spokane Parks & Recreation Division and Therapeutic Recreation Services; any employees, chaperones, or volunteers; and all their respective insurance companies, successors in interest, commercial & corporate sponsors, affiliates, agents, employees, representatives, assignees, officers, directors, and shareholders (each a "Released Party"), and agree to hold Released Parties harmless from any and all liability which may arise in connection with Participant's use of medication.

BY SIGNING ON BEHALF OF A MINOR OR OTHER PARTICIPANT, I REPRESENT THAT I AM AUTHORIZED TO SIGN ON PARTICIPANT'S BEHALF and/or I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR PARTICIPANT and acknowledge that Participant is bound by all the terms of this Agreement.

Signature

Date

MEDICATION TAKEN	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):
	Type:	Dosage:	Time(s):

List any special instructions/cautions/side effects: