



THERAPEUTIC RECREATION SERVICES PROGRAM REGISTRATION INFORMATION

ACTIVITY NUMBER	ACTIVITY NAME	FEE
TOTAL PROGRAM FEES		\$

I have read and agree to the *Waiver and Release of Liability* on Page 4 of this document.

Parent/Guardian Signature: _____

Credit Card /Debit Card payments are also accepted.
For Online or Phone Registrations Only.

Email:

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



THERAPEUTIC RECREATION SERVICES
808 W. Spokane Falls Blvd. – Spokane, WA 99201
trs@spokanecity.org (509)755-CITY (2489)

City of Spokane Parks and Recreation Department

THERAPEUTIC RECREATION SERVICES PARTICIPANT PERSONAL NEEDS INFORMATION

Please provide the information below to help us better serve your needs while attending our programs. Complete this information and return it to TRS@Spokanecity.org at the time of registration or as soon as possible.

Therapeutic Recreation staff will lead and supervise activities; **however, they are not able to provide attendant care, such as** assistance with feeding, toileting, administering medications, or transfers.

Participants needing assistance must have a care provider present. Parks and Recreation staff reserve the right to request that a care provider accompany participants. Registration fees for care providers will vary based on the activity.

Participant First Name:		Participant Last Name:		
Participant disabilities (be specific):				
Housing	<input type="checkbox"/> Group Home/Institution <input type="checkbox"/> In Own Home/Apartment <input type="checkbox"/> Private Home w/ Parent			
Dietary Precautions	List any foods to avoid:			
Allergies Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you allergic to anything? <input type="checkbox"/> Yes <input type="checkbox"/> No Please list any allergies:			
Activity Limitations	Please list any physical challenges (if any)			
Medication	Will participant need to be reminded to take medications during program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes – please complete the Medication form on the next page			
Caregiver/Support Staff	Will a caregiver be accompanying participant during program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Paratransit	Will participant be using Paratransit? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your rider number?			
SOCIAL SKILLS / BEHAVIORAL INFO.				
Participation	<input type="checkbox"/> Participates Easily	Needs Help Managing	<input type="checkbox"/> Behavior	Behavioral Triggers or Fears:
	<input type="checkbox"/> Needs Occasional Prompting		<input type="checkbox"/> Personal Space	
	<input type="checkbox"/> Needs Constant Prompting		<input type="checkbox"/> Emotions	
			<input type="checkbox"/> Other	
MOBILITY & ADAPTIVE INFO.				
Do you use adaptive equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Wheelchair: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Manual <input type="checkbox"/> Electric		Check all that apply: <input type="checkbox"/> Cane/Crutches <input type="checkbox"/> Walker <input type="checkbox"/> AFO's/Splint/Braces <input type="checkbox"/> Other	
DAILY LIFE				
Toileting	<input type="checkbox"/> Independent <input type="checkbox"/> Independent w/ reminders <input type="checkbox"/> Only w/ assistance			
Eating	<input type="checkbox"/> Independent <input type="checkbox"/> Independent w/ reminders <input type="checkbox"/> Only w/ assistance			
Communication Information	<input type="checkbox"/> Verbal & clear to understand		<input type="checkbox"/> Verbal but not clear to understand <input type="checkbox"/> Non-Verbal	
	<input type="checkbox"/> Uses Sign Language		<input type="checkbox"/> Uses a communication board	
Additional Personal Needs Information				



City of Spokane Parks and Recreation Department

THERAPEUTIC RECREATION SERVICES MEDICATION INFORMATION & WAIVER

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. This information will help us better assist the Participant with medications.

Participant must be able to take his/her own medications while at the activity. The activity leaders will provide reminders to Participant to take medications and to safely secure medication when not in use.

Please package medication by dose in individual extra small zip lock bags or blister cards labeled by the pharmacy to include:

- Name of Participant
- Name of physician
- Name of pharmacy
- Dosage and amount
- Time to take.

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 ziplock bag labeled with the 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):
	Type:	Dosage:	Time(s):

List any special instructions/cautions/side effects:

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.
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 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.
7. 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.
8. 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.