



ARLINGTON COUNTY, VIRGINIA
HOLD HARMLESS AND PHOTO RELEASE FORM



First Name _____ Last Name _____ Program/Activity _____

Address _____ City, State _____ Zip _____

Date of Birth _____ Gender _____ School _____ Email address: _____

Parent/Guardian _____ Home _____ Work _____ Cell _____

Emergency Contact _____ Home _____ Work _____ Cell _____

If your child has any allergies, needs medication, or physical limitation. Please specify: _____

TRANSPORTATION

Need a ride? Let us know where you want to be picked up...

- Barcroft Sport & Fitness Center (4200 South Four Mile Run Dr)
Gunston Community Center (2700 S Lang Street - not the school entrance!)
TJ Community Center (3501 2nd Street S; not the school entrance!)
Rocky Run Park/Woodbury Park (wait at the park shelter 1109 N. Barton St)

ACCOMMODATIONS

The Gang Task Force will make reasonable accommodations for individuals with disabilities. Please make request at 703-228-4738 or TTY 703-228-4743 at least two weeks in advance.

Please list needed accommodations for participants with disabilities: _____

AGREEMENT TO RELEASE ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

This statement must be signed in order for your registration to be accepted.

The undersigned is aware that there are certain inherent risks involved in participating in the above listed Northern Virginia Regional Gang Task Force sponsored program including but not limited to the risk of theft or of damage to my property, and the risk of personal injury from participating in recreation activities.

I HAVE READ AND UNDERSTAND THIS HOLD HARMLESS AGREEMENT AND BY MY SIGNATURE AGREE TO ITS TERMS. NO ACCIDENT OR MEDICAL INSURANCE IS PROVIDED FOR PARTICIPANTS BY ARLINGTON COUNTY.

CHILD'S NAME _____ PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

PHOTO RELEASE

I, the undersigned parent/guardian, hereby give permission without restrictions to Arlington County and its assignees to photograph, film or videotape my child during participation of Arlington County Gang Task Force programs.

CHILD'S NAME _____ PARENT/GUARDIAN NAME _____

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____