

Special Event Group Registration Form 18 years and older

| DEPARTMENT OF PARKS AND RECREATION | Date: | Start and End Times: | | Location: |
|---------------------------------------|-------------------------|----------------------|------------------------|-----------|
| | Project Leader on site: | | Email & Phone number:_ | |

By my signature below, I acknowledge that there are inherent risks involved in this activity, including, but not limited to, damage to my personal property and to the property of my group, and the risk to me of serious injury or even death. I recognize and agree that participation is at my own risk, and that Arlington County cannot and does not assume responsibility for injuries or property damage. I understand that I may be subject to a criminal background check.

In consideration of me being granted permission to participate in this event, I agree to hold harmless and indemnify the Board of Arlington County and all of its officers, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, or liabilities arising from my participation in the above-described activity. I am eighteen (18) years of age or older. I have not had a fever or symptoms of COVID-19 or known exposure to a COVID-19 case in the prior 14 days.

I have read this Form and agree to its terms.

| Name | Signature | Phone Number | Email Address |
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