UIP				
ARLINGTON VIRGINIA				

Special Event Group Registration Form Youth 17 and younger

VIRGINIA	Date:	Scheduled Start and End Tir	mes:	Location:
DEPARTMENT OF PARKS AND RECREATION	Project Leader or	n site:	_Email & Phone number:	

By my signature below, I acknowledge, on behalf of myself and on behalf of the person or persons named below for whom I am a parent or legal guardian, that there are inherent risks involved in this activity, including, but not limited to, damage to my child's personal property and the risk to my child of serious injury or even death. I recognize and agree that my child's participation is at the sole risk of myself and my child (with parental consent) and that Arlington County cannot and does not assume responsibility for injuries or property damage.

In consideration of my child 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 child's participation in the above-described activity.

My child has 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.

Print name of child	Parent Signature	Phone Number	Email Address