### Photo Consent Agreement & Hold Harmless, Consent, & Waiver

I grant permission for photographs, testimonials, and/or video tapes as a participant to be used by Leisure Services sponsoring agencies for the purpose of education, program promotion, and public relations, (i.e. Link slide presentations, pictures on display boards, brochures, website, Link social media, videos or other publications.) Because the leisure program is community based I understand that there is a possibility that my photograph may be used in all forms recognized as community media. I understand that if I revoke consent in the future, all materials published prior to the date that consent is revoked may continue to remain in existence either in print or electronically. Revoking consent only applies to materials yet to be published or created. I understand that a photo may be used in emergency purposes. If participating in Special Olympics, I am aware and in agreement, for all Special Olympics activities i.e. practices, scrimmages, competitions, etc. Link Associates will adhere to the Special Olympics photo consent policy.

I hereby agree to hold harmless Link Associates, its agents, officers, board members, volunteers and employees from any and all liability for personal injuries or damages I may hereafter sustain while participating in traveling to and from, or from observing the sponsored activities. The individuals listed above have my permission to participate in the listed programs. In consideration of your acceptance of my participation, I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages I may now or hereafter have against the Leisure Services Program, Link Associates, Dowling Schools, Warrior Run Golf Course, Valley Community Center, MVP Sports, Ankeny, Urbandale, West Des Moines, & Des Moines Parks and Recreation, Bowlerama, YMCA or any of the afore-mentioned subsidiaries, affiliates, employees or agents for any and all injuries suffered by me in said programs/activities for the period of January 1, 2023 - December 31, 2023. I certify that I have full knowledge of the risks involved in leisure/recreation activities and that I am physically fit and have no medical or physical conditions that prevent my participation.

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### New Programs/Special Events:

- **Includes Registration Fee**
- [ ] Halloween Outdoor Movie & Carnival ($10)
- [ ] Holiday Overnight Lock-in ($75)
- [ ] A Guide to Self-Worth - Group 1 ($35)
- [ ] A Guide to Self-Worth - Group 2 ($15)
- [ ] The Great Pumpkin Camp ($350)
- [ ] Snowshoeing ($85)
- [ ] Basketball ($35)
- [ ] Dance ($45)
- [ ] Squeegee Painting ($5)
- [ ] Rug Hooking ($5)
- [ ] Halloween Canvas Painting ($5)
- [ ] Scarecrows ($5)
- [ ] Cave Quest ($15)
- [ ] Jingle in the Junction ($10)
- [ ] Movie Night ($22)
- [ ] Monsterama Arcade ($25)

### New Adventures Day Camp:

- [ ] The Great Pumpkin Camp ($350)
- [ ] Snowshoeing ($85)
- [ ] Basketball ($35)
- [ ] Dance ($45)

### S.O. Athletic Programs:

- [ ] Healthy Living Program "Live Excellently" ($300)
- [ ] Gym Class Heroes Session 1 ($25)
- [ ] Gym Class Heroes Session 2 ($25)
- [ ] Boot Camp ($25)
- [ ] White Eagle Pow Wow ($50)
- [ ] Vala's Pumpkin Patch ($90)
- [ ] John Deere Tractor Museum ($45)
- [ ] Scarecrows ($5)
- [ ] Halloween Canvas Painting ($5)
- [ ] Rug Hooking ($5)
- [ ] Squeegee Painting ($5)

### Day Trip Club Travel:

- [ ] Omaha, NE Old Market ($650)
- [ ] Scarecrows ($5)
- [ ] Cave Quest ($15)
- [ ] Jingle in the Junction ($10)
- [ ] Movie Night ($22)
- [ ] Monsterama Arcade ($25)

### Community Art Connection:

- [ ] Cave Quest ($15)
- [ ] Jingle in the Junction ($10)
- [ ] Movie Night ($22)
- [ ] Monsterama Arcade ($25)

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**SEND NO MONEY WITH YOUR REGISTRATION.**

**CONFIRMATION LETTERS WILL BE SENT OUT ONCE YOUR REGISTRATION IS PROCESSED.**

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**Mail to:**

LINK ASSOCIATES
1452 29th St.
West Des Moines, IA 50266

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**THIS FORM MUST BE SIGNED IN ORDER TO PROCESS YOUR REGISTRATION!**

I (participant and/or guardian) have read and understand the Link Leisure Services policies and procedures included in the Leisure Times brochure and Registration form. By signing this form, I understand and agree with the Photo Consent Agreement and the Hold Harmless, Consent, and Waiver Agreement.

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**If you would like a copy of this release please call the Leisure Department at 515-262-8888**
Participant's Name: ___________________________________________ Phone #: ____________________
Behaviors to encourage ____________________________________________________________________________________
Behaviors to discourage ____________________________________________________________________________________
Health &/or behavior concerns that may affect participation ____________________________________________________________________________________
Do You currently have a recreation, leisure, or community integration goal? If yes, what is your current goal?
__________________________________________________________________________________________________________________________________________________

Emergency Contact Information

Residential Provider: ___________________________________________ Phone: ____________________
Guardian Name: ___________________________________________ Phone: ____________________ Email: ____________________
Agency Supervisor: ___________________________________________ Emergency Cell: ____________________ Email: ____________________
Case Manager: ___________________________________________ Phone: ____________________ Email: ____________________
Payee: ___________________________________________ Address: ____________________ Email: ____________________

Emergency Contact Persons - Evening & Weekend

Name: ___________________________________________ Phone: ____________________
Address: _____________________________________________________________________________________________
Relationship to Client: ___________________________________________ Email: ____________________

Name: ___________________________________________ Phone: ____________________
Address: _____________________________________________________________________________________________
Relationship to Client: ___________________________________________ Email: ____________________

Physician Name: ___________________________________________ Phone: ____________________
Hospital Preference: ____________________________________________________________________________________

Program Evaluation Data:
The following information is required for program evaluation purposes and funding proposals for the continuation of Leisure Services. This information is also necessary to inform our staff of the individuals enrolled, so that they may better structure activities. This information will be kept confidential and will only be available to Leisure Services personnel.

Place a (X) by the participant's primary disability:
- ___ Developmental
- ___ ID Profound
- ___ Borderline
- ___ Autism
- ___ ID Mild
- ___ Other
- ___ ID Moderate
- ___ ID Severe

Place a (X) by the participant's secondary disability:
- ___ Autism
- ___ Emotional/Behavioral Disability
- ___ Cerebral Palsy
- ___ Wheelchair Assistance
- ___ Visually Impaired
- ___ Diagnosed Mental Illness
- ___ Hearing Impaired
- ___ None Reported
- ___ Seizure Disorder
- ___ Other
- ___ Physical Disability

Place a (X) by the participant's current living arrangement:
- ___ Independent (individuals with NO Scheduled support)
- ___ Independent (individual living with family with no support)
- ___ Individuals with 2-30 hours with SCL support per week
- ___ Individuals with 31-90 hours SCL support per week
- ___ Individuals 91-167 hours SCL support per week
- ___ Individuals with 24 hours of support per day

Place a (X) by the participant's ethnic group:
- ___ Caucasian/White
- ___ Native Hawaiian
- ___ Hispanic
- ___ Native Indian/Alaskan
- ___ Asian
- ___ Other
- ___ African-American/Black
- ___ Other