



Official Office Use Only
Authorization Stamp & Approved Signature

Prince George's County
Department of Parks and Recreation
www.pgparcs.com

Expires on:

COMPANION AGREEMENT FORM

I am requesting the use of a companion during my participation with the Department of Parks and Recreation, Prince George's County programs and events.

1. Participant Information:

Name _____ Date of Birth _____ Salutations _____
Last First Middle Initial

Address _____
Street Apt.# City State Zip

Phone Number _____ e-mail: _____

Emergency contact/relations/ and phone # _____

2. Program Information:

Program/Event/Drop In/Membership: _____ Start/End Date: _____ - _____

Location: _____

3. Complete this section ONLY if you are a Disability Agency Representative (otherwise skip to number 4)

Agency Name _____

Staff Member Completing Form _____ Title/Position _____

Agency Address _____
Street City State Zip

Phone Number _____ e-mail: _____

4. Companion Information (you may list up to 3 Companions)

Name _____ Age _____
Last First Middle Initial

Phone Number _____ e-mail: _____

Emergency contact / relationship/ and phone # _____

By signing this, I acknowledge and agree to the statements listed on this back of this form.

Companion Signature _____ Date _____

Name _____ Age _____
Last First Middle Initial

Phone Number _____ e-mail: _____

Emergency contact / relationship/ and phone # _____

By signing this, I acknowledge and agree to the statements listed on this back of this form.

Companion Signature _____ Date _____

Name _____ Age _____
Last First Middle Initial

Phone Number _____ e-mail: _____

Emergency contact / relationship/ and phone # _____

By signing this, I acknowledge and agree to the statements listed on this back of this form.

Companion Signature _____ Date _____

In exchange for the opportunity to act as a Companion with the Maryland-National Capital Park and Planning Commission (M-NCPPC), the Department of Parks and Recreation, Prince George’s County, I agree to be bound by the following terms and conditions as evidenced by my signature below. The terms of this Agreement shall be binding on my heirs, executor, administrator and all members of my family.

- I agree to provide support as a companion to the participant identified on this form which may include; personal care, administration of medication, specific manual, verbal and/or visual accommodations prior to, during and/or after the activity as defined by M-NCPPC for programs, classes, events, drop-ins and/or memberships.
- I acknowledge that there may be certain inherent risks related to the activity and understand that I may be subject to falls, slips, cuts, bruises as well as other unforeseen accidents. I agree to assume the risk of any injuries that I may incur, and to hold the Commission harmless for any such injuries, as a result of my participation in any activity as a Companion.
- I acknowledge that my role as a companion is contingent upon my ability to accommodate the participant listed above within the program setting. This includes following the Code of Conduct and program rules. Disability Services staff have the sole discretion to determine what is to be in the best interest of M-NCPPC and the Department.
- I understand that I may be required to submit to a Federal and State criminal background check if I am requesting to be a Companion in an M-NCPPC licensed program or where minors are present. Background checks may also be dependent upon the length and/or duration of the program(s). My approval as a Companion is contingent upon favorable results. *Background clearances from other agencies are non-transferable.
- I agree to follow the Park Rules and Regulations governing use of M-NCPPC Park and Recreation Facilities in Prince George’s County. <http://www.mncppc.org/236/Park-Rules-Regulations>
- I understand and agree that this Companion agreement does not create an employee, volunteer, or agent relationship between the Agency/Representative/Companion and M-NCPPC.

By selecting "I Agree" and my electronic signature below, I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for disqualifying me for placement as a Companion and may be grounds for dismissing me after I have begun providing support.

Agree Disagree

Participant print and sign _____ Date _____

Parent/Guardian Signature _____ Date _____
 (A Parent/Guardian must sign if under age 18)

Agency Representative Signature _____ Date _____

For additional questions, please contact:

Northern Regional Office 1500 Merrimac Drive Hyattsville, MD 20783 301-408-4350 Northern.Inclusion@gparks.com	Central Regional Office - Annex 2904 Enterprise Road Mitchellville, MD 20721 301-249-7200 Central.Inclusion@pgparks.com
Southern Regional Office 10701 Livingston Road Fort Washington, MD 20744 301-203-6000 Southern.Inclusion@pgparks.com	Special Programs Division Office 7833 Walker Drive Suite 110 Greenbelt, MD 20770 301-446-3400 Program.Access@pgparks.com