

# City of Spartanburg Viking Football

*Where the Viking Football Legacy Begins*



## Authorized Liability Waiver

The undersign, being the parent or lawful guardian of \_\_\_\_\_, a minor age \_\_\_\_\_, with a date of birth of \_\_\_\_\_, do hereby agree and authorize participation in the City of Spartanburg Viking Football Camp for June 20, 21 & 22.

I agree and understand that the camp could involve risk or injury to my child. In that connection, I agree to indemnify, protect and hold harmless the City of Spartanburg Parks and Recreation Department and the City of Spartanburg, Spartanburg School District Seven and their respective agents, servants, employees, and Successors and assigns from all injury damages suffered by my child arising from their participation.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_ 2016

I know of no reason why my child should not participate in the activities.

Parent/Guardian Name (print): \_\_\_\_\_

Student Name (print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (H) \_\_\_\_\_ (C) \_\_\_\_\_ Email: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Student Medication: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ Policy#: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant T-Shirt Size: \_\_\_\_\_