

City of Spartanburg Viking All- Sports Camp

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 All- Sports Camp.

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 _____

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

Parent/Guardian Name (print): _____

E-mail: _____

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: _____