

Columbus County Parks & Recreation

606 N Thompson St
Whiteville, North Carolina 28472
(910)-640-6624

Standard Accident – Release Form

SOCCKER CLINIC
PROGRAM / ACTIVITY

Participant Name: _____

Birth Date: ____/____/____ **Age:** _____

Address: _____

Telephone Number: _____ **Emergency Number:** _____

E-mail Address _____

Insurance Co.: _____ **Policy Number:** _____

I, (parent/guardian or adult athlete) having been informed of the above designated activity sponsored by the Columbus County Parks and Recreation Department, do herewith request that said person be accepted as a participant in said activity.

In permitting the athlete to participate, I am specifically granting my permission to Columbus County Parks and Recreation to use the likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Columbus County Parks and Recreation.

If a medical emergency should arise during the athlete's participation in any Columbus County Parks and Recreation activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Columbus County Parks and Recreation; Waccamaw Academy; Clinic Instructor (s), deems advisable in order to protect the athlete's health and well-being.

I, the undersigned, am parent, guardian, athlete (own guardian), of the below specified person. I have read and fully understand the provisions of the above release and have explained them to that person. I hereby agree that said person and I will be bound thereby and shall defend you and hold you harmless for any disaffirmation thereof by said person.

I hereby give my permission for _____ to participate in Columbus County Parks and Recreation sponsored games, recreation programs, and physical activity programs.

SIGNATURE OF PARENT/GUARDIAN/ATHLETE (OVER 18-OWN GUARDIAN)

DATE

FOR COLUMBUS COUNTY PARKS AND RECREATION

RECEIVED \$ _____ BY CHECK _____ CASH _____ RECEIPT # _____

RECEIVED BY _____ DATE ____/____/____