

WAIVER AND RELEASE FORM

Please read carefully.
Please print in all blanks.

I, _____ the Parent/Guardian of
_____ (Participant's Name) give my
permission for him/her to participate in the 2011/2012
Kaleidoscope After-School Program, sponsored by the Greenville
County Recreation District. I understand that program activities
involve ice skating, visits to the Bounce House, outdoor games,
travel to and from special activities, and other physical activities,
which can result in bodily injury. I, _____
(Parent/Guardian) hereby release and hold harmless the
Greenville County Recreation District, its agents and employees
from any liability from any injuries or damages resulting from
_____ (Participant's Name) participation in
the 2011/2012 Kaleidoscope After-School Program. I understand
photographs of participants may be taken during the After-
School Program, and I give permission for the Greenville County
Recreation District to use those photographs in publicity
materials.

Parent/Guardian's

Printed Name: _____

Signature: _____

Date: _____

