

Community Centers Division

Summer Camp 2021

Child's Name: _____ Gender: M F

Child's Birthdate: _____

Grade Next Fall: _____

Prim. Guardian Name: _____

Prim. Guardian Address: _____

Prim. Guardian Email: _____

Prim. Guardian Primary Phone: _____

Prim. Guardian Secondary Phone: _____

Guardian #2 Name: _____

Relationship to Child: _____

Guardian #2 allowed to pick up? Yes No

Guardian #2 Primary Phone: _____

Guardian #2 Secondary Phone: _____

Emergency Contact/Pick Up #3 Name: _____

Emergency Contact/Pick Up #3 Phone: _____

List necessary medical info about child: _____

To participate in this program, I need a modification because of a disability. Yes No
 If you indicate a need for support, our staff will contact you to see what Greenville County Rec can do.

PLEASE LIST ADDITIONAL PEOPLE WHO CAN PICK UP YOUR CHILD FROM CAMP:

Pick Up 4: _____

Pick Up 5: _____

Pick Up 6: _____

Locations

(Check Community Center **Or** Teen Leadership Program below):

_____ Brutontown Center

_____ Freetown Center

_____ Mt. Pleasant Center

_____ Phillis Wheatley Center

_____ Slater Hall Center

_____ Staunton Bridge Center

_____ Sterling Center

_____ Mt. Pleasant TEEN Leadership

_____ Sterling TEEN Leadership

Notes: _____

Staff Initials: _____



**ASSUMPTION OF RISK AND WAIVER OF LIABILITY (TO INCLUDE
CORONAVIRUS/COVID 19) RELEASE FORM**

2021 SUMMER DAY CAMPS – PLEASE READ CAREFULLY

*The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.*

*The County of Greenville, acting through its Department of Parks, Recreation & Tourism (“GCPRT”) has put in place preventative measures to reduce the spread of COVID-19; however, the County of Greenville, acting through GCPRT, **cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending GCPRT 2021 Summer Day Camp programming could increase** your risk and your child(ren)’s risk of contracting COVID-19.*

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending GCPRT 2021 Summer Day Camp programming and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at 2021 Summer Day Camp may result from the actions, omissions, and/or negligence of myself and others, including, but not limited to, GCPRT employees, volunteers, and program participants and their families.

I further understand that by participating in GCPRT 2021 Summer Day Camp programming activities there is the risk of personal injury, illness, permanent disability, and death and by signing this agreement I acknowledge the dangers inherent in my child(ren)’s participation in GCPRT 2021 Summer Day Camp programming activities.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at 2021 Summer Day Camp or participation in GCPRT 2021 Summer Day Camp programming activities (“Claims”).

Parent / Guardian Initials: _____

On my behalf, and on behalf of my spouse, family, children, estate, heirs, executors, administrators, assigns, and personal representatives, I hereby forever release, waive, discharge, hold harmless and covenant not to sue the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives, whether an injury and/or COVID-19 infection occurs before, during, or after participation in any GCPRT 2021 Summer Day Camp program.

I, _____ the Parent/Guardian of _____ (Participant's Name) give my permission for my child(ren) to participate in the 2021 Summer Day Camps, sponsored by the County of Greenville's Department of Parks, Recreation & Tourism ("GCPRT"). I understand camp activities may involve swimming, outdoor games, travel to and from special activities, and other physical activities, which can result in bodily injury and/or potential exposure to diseases including, but not limited to, COVID-19.

I further agree to hold harmless the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives from any claims based on actions, omissions, and/or negligence of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.

I have entered into this document on the basis of my own information and not in reliance upon representations of the County of Greenville, its Department of Parks, Recreation & Tourism, their employees, agents, and representatives.

I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this document exist.

I further agree that if any part of this agreement is held to be invalid or unenforceable for any reason, the balance of the agreement remains valid and enforceable.

I have read and understood this document and I agree to be bound by its terms.

Parent/Guardian's Signature: _____

Parent/Guardian's Printed Name: _____

Witness: _____

Child's Name: _____

Date: _____

Center Name: _____

4806 Old Spartanburg Road * Taylors, SC 29687 * Tel: 864.288.6470 * Fax : 864.288 .6499