

Spotsylvania County Parks and Recreation Department Household Liability Waiver

P.O. Box 28, Spotsylvania, VA 22553 (540) 507-7529

(540) 898-9089 – Fax #

Please print legibly.

Applicant's Name _____ Date of Birth: _____
Last First MI

Gender: M F E-mail Address _____

Street Address _____

City: _____ State: _____ Zip: _____

Primary Phone#: _____ Secondary Phone #
(1) _____ (2) _____

Alternate Phone #(3) _____

Emergency Contact: (Name) _____ (Phone) _____

(Complete only if applicable)

Spouses' Name _____ Date of Birth: _____
Last First MI

Gender: M F E-Mail Address _____

Primary Phone#: (1) _____ Secondary Phone #: (2) _____

Dependents (Note: List only those under the age of 18 with birth certificates on file with the department. All dependents 18 and older will be required to complete individual waiver forms.)

1. Name: _____ Date of Birth _____ Gender M F

Current School Child Attends _____

2. Name: _____ Date of Birth _____ Gender M F

Current School Child Attends _____

3. Name: _____ Date of Birth _____ Gender M F

Current School Child Attends _____

4. Name: _____ Date of Birth _____ Gender M F

Current School Child Attends _____

I, the undersigned, do agree to indemnify and hold harmless Spotsylvania County and the officers, employees, volunteer coaches, instructors and agents, thereof, and the Spotsylvania County school authorities from any and all claims or liability, including attorney fees and costs for any injury or other damage suffered as a result of his/her participation. **I understand that Household Liability Waiver Forms submitted on deadline dates may not be processed the same business day.**

Applicant's Signature Date
(Must be Parent or Legal Guardian of Listed Dependents)

FOR OFFICE USE ONLY

I.D. Verified By _____ User Name & Password _____

Date _____