

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: _____

Phone: (H) _____ (W) _____

(Cell #) _____

Emergency Contact: (Name) _____ (Phone) _____

(Complete only if applicable)

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

Gender: M F E-Mail Address _____

Phone: (H) _____ (W) _____

(Cell #) _____

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

Name: _____ Date of Birth _____ Gender M F

Name: _____ Date of Birth _____ Gender M F

Name: _____ Date of Birth _____ Gender M F

Name: _____ Date of Birth _____ Gender M F

Name: _____ Date of Birth _____ Gender M F

Name: _____ Date of Birth _____ Gender M F

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 Form 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)

Spouse's Signature
(If applicable)

FOR OFFICE USE ONLY

I.D. Verified By _____

Household # _____

Date _____