



GREEN RIDGE

Recreation Center



Adult Guest Waiver Form for Minors (Under 18)

Please fill out this form and return it, in person to the front desk staff with Driver's License:

NAME OF ADULT GUEST/PARENT/LEGAL GUARDIAN: _____
DOB: _____

ADDRESS OF ADULT GUEST/PARENT/LEGAL GUARDIAN: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER FOR ADULT GUEST/PARENT/LEGAL GUARDIAN: _____

RELATIONSHIP TO MINOR: _____ EMAIL: _____

EMERGENCY CONTACT INFO: NAME: _____ RELATIONSHIP: _____
PHONE NUMBER: _____

Authorization and Waiver (for Adult Guest/Parent/Legal Guardian and minors listed below)

In accordance with my decision to join the Green Ridge Recreational Center (GRRC) for myself and my family including minor children or wards, and in exchange for the privilege to use all fitness, aquatic, and recreational equipment and participate in all GRRC programs, by my signature below, I acknowledge that such activity may be physically strenuous and may carry the possible risk of injury. I hereby assume all risks and liability that may arise, to myself and my family including my minor children or wards, from my participation in fitness, aquatic, and other activities at GRRC. Further, I hereby give permission for Roanoke County staff to provide basic First Aid and, if necessary, to seek emergency medical treatment for myself and my family including my minor children or wards. Consistent with the terms of Virginia Code § 15.2-1809, I hereby release from liability the Roanoke County Board of Supervisors, their agents, employees, volunteers, and assigns, and waive any and all claims I, or my family and minor children or wards, may have which may arise out of our use or participating in fitness, aquatic and other activities at GRRC, a Roanoke County recreational facility.

NAME OF MINOR: _____ DOB: _____ AGE: _____ PHONE: _____

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NAME OF MINOR: _____ DOB: _____ AGE: _____ PHONE: _____

NAME OF MINOR: _____ DOB: _____ AGE: _____ PHONE: _____

NAME OF MINOR: _____ DOB: _____ AGE: _____ PHONE: _____

SIGNATURE: _____ **DATE:** _____ **Guest of:** _____

STAFF INITIALS: _____