



# 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: \_\_\_\_\_

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

By endorsing this document, I hereby affirm that I am authorized to grant permission for myself and minors listed below to participate in all fitness activities offered by Roanoke County at Green Ridge Recreation Center and so authorize such participation. Further, consistent with the terms of Section 15.2-1809 of the Code of Virginia, I hereby release from liability the Roanoke County Board of Supervisors, their agents, employees, and assigns, and waive any and all claims I may have arising out of any injuries that myself and minors listed below may sustain while participating in fitness activities at Green Ridge, a Roanoke County recreational facility. Further, I acknowledge and agree that I and minors listed below will be expected to abide by all rules and regulations at Green Ridge and that failure to abide by such rules may result in dismissal from the facility.

NAME OF MINOR: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF MINOR: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

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NAME OF MINOR: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ DATE: \_\_\_\_\_ Guest of \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_