



Adult Guest Waiver (Age 18+)

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

GUEST NAME: _____ DOB: _____ PHONE: _____ EMAIL: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT INFO: NAME: _____ RELATIONSHIP: _____

PHONE NUMBER: _____

Authorization and Waiver

By my signature below, I assume all risks and liability that may arise from my participation in fitness, aquatic, and other activities at Green Ridge Recreation Center. 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 I may sustain while participating in fitness, aquatic and other activities at Green Ridge, a Roanoke County recreational facility. Further, I acknowledge and agree that I 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.

Guest Signature

SIGNATURE: _____ DATE: _____ Guest of _____

PLEASE NOTE: This document will remain on file for up to one year.



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