

Greenville Aquatics & Fitness Center

Parent/Legal Guardian Permission Slip

Name: _____ age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Email: _____

In consideration of me being allowed to be a guest of Greenville Aquatics & Fitness Center (GAFC) I hereby assume all risk and release the City of Greenville, the Recreation & Parks Department, its employees & volunteers from all liability whatsoever, for any injuries or accidents in connection with my participation. I intent this release to be binding for myself, but also in my family & all legal successors in interest. For the safe enjoyment of this program by all participants, the GAFC staff has established rules & regulations I agree that I will abide by them, or accept dismissal for refusing to follow them. In the event that I am injured & am physically unable to secure it on my own, I hereby give permission to the physician or medical personnel selected by GAFC staff to take whatever medical actions are necessary by them to treat me & I authorize the physician or medical personnel selected to provide treatment deemed necessary by them. I hereby grant permission to the City of Greenville to use, for promotional purposes, photographs & video images taken of me while in the facility.

Parent/Guardian Signature: _____