



**HAMPTON COUNTY RECREATION DEPARTMENT**

361 Pine Street, Varnville, SC 29944

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**Adult—Program Registration &  
Release Form**

**PLEASE PRINT**

Name: \_\_\_\_\_

Program: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

**EMERGENCY INFORMATION:**

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any physical or medical conditions we need to be aware of such as allergies, medication, etc.?  
\_\_\_\_\_

I, \_\_\_\_\_ request registration for the above mentioned program  
(participant)

at the Hampton County Recreation Department. I take full knowledge and risk of injury to participate in the above mentioned program. Also, at the participants sole risk and on his/her own behalf and on the behalf of his/her heirs, executors, and assigns hereby release, discharge, and agree to hold harmless the Hampton County Recreation Department, its instructors, staff and all parties involved.

I, \_\_\_\_\_ give the Hampton County Recreation Department  
(participant)

permission to take and release pictures for use on the Official Hampton County website and/or any other media used for advertising for Hampton County Recreation Department.

Signature of Participant

Date

E-mail address

How did you hear about us? (Please circle)

Radio

Word of mouth

Flyer

Newspaper

Website

Other (please specify) \_\_\_\_\_