

HAMPTON COUNTY RECREATION DEPARTMENT

361 EAST PINE STREET VARNVILLE SC 29944

Adult Registration Form/ Release Form

Phone: 803-943-2857

Fax: 803-943-2768

Email: Jpeeples@hamptoncountysc.org Lbrown@hamptoncountysc.org

Name: _____

Program/Camp/Event _____

Gender: M F Date of Birth: _____ Age: _____

Emergency Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home#: _____ **Cell #:** _____ **Work#:** _____

Emergency Contact: _____ **Phone #:** _____

Allergies: _____

Email: _____

PLEASE INITIAL, SIGN AND DATE

**I, _____ register for the program/event mentioned at the
Hampton County Recreation Department.**

**I, _____ do take full knowledge and risk of injury to participate in the
program. Also, at the sole risk of my own behalf, I assign hereby release, discharge, and
agree to hold harmless the Hampton County Recreation Dept., instructors, staff, and all
parties involved.**

**I, _____ give the Hampton County Rec. Dept. 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 Rec. Dept.**

Signature of Parent or Guardian

Date