

WAIVER OF LIABILITY

I/we the undersigned parent/parents of _____
First Middle Last

Who is enrolling in any Philadelphia Neshoba County Parks and Recreation activity, hereby assume all responsibility for any and all possible injuries sustained by said child while participating in said program, and we forever discharge and release the said Philadelphia Neshoba County Parks and Recreation and any other bodies from responsibility whatsoever of any such injury or the medical and other expenses resulting from such injury. There will be no refunds!

Child's Age _____

Address _____

Date of Birth _____

Phone – Home _____

Work _____

Cell _____

E-MAIL _____

Parent/Parent's Signature

Date _____

Please indicate which activity your child is participating in:

BASEBALL _____

SOFTBALL _____

INSTRUCTIONAL LEAGUE _____