

**Tamassee-Salem Recreation Department**  
5A Park Avenue  
Salem, SC 29676

**RELEASE FORM**

*PLEASE PRINT CLEARLY*

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Participants Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

STATEMENT OF RELEASE:

With full knowledge of the recreational program sponsored by Oconee County and the Tamassee-Salem Recreation Department; we the undersigned by this agreement, release the Tamassee-Salem Recreation Department from any and all claims for any injuries received while the above named applicant is engaged in the participation of the above named activity.

We do fully release the Tamassee-Salem Recreation Department, board members, employees and the coaches from all claims arising while in the participation of these activities (including transportation to and from those activities)

PARENT/GUARDIAN

Signature: \_\_\_\_\_

Date: \_\_\_\_\_