BLUE VALLEY SC RECREATION

Birthday Party Waiver

I understand that the program for which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that the Blue Valley Recreation Commission, the Blue Valley School District and their employees and representatives shall not be held responsible for any illness or injury to person or damage to property resulting from my (or my child's) participating in a Blue Valley Recreation Commission program. I further grant permission for the Blue Valley Recreation Commission to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for one year from the date of signing. Parents must sign for children 18 and under.

As legal parent or guardian of this participant, I hereby verify by my signature that I fully understand and accept the above conditions for permitting my child to participate in a birthday party at the Blue Valley Recreation Commission.

Child's Name	Age	Signature of Parent/Guardian	Date	Phone



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