

Credit Card Authorization Form

Please complete all sections.

Credit Card Information

Card Type: MasterCard Visa

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (MM/YY): ____/____ 3-digit security code: ____

Cardholder Zip Code (from credit card billing address): _____

Authorized Amount: \$_____

For (Program Title or Reservation): _____

I, _____, authorize South Whidbey Parks & Recreation District to charge my credit card above for agreed upon purchases.

Customer Signature

Date

Waiver / Release of Liability

I agree to hold harmless the South Whidbey Parks & Recreation District, Island County, and South Whidbey School District, and their officials, employees and agents for any and all claims for personal injury and damage in which damage and injury is or appears to be proximately caused by my participation or the participation of the child for whom I am responsible in this recreation program. Furthermore, I hereby consent that images (photographs, video recordings, etc.) of me or my child engaged in above activities may be used for promotional purposes.

Participant Name

Signature (Parent/Guardian required for under 18)

Date

