

AUTHORIZATION FOR BACKGROUND CHECK

SLIPPERY ROCK CAMPGROUND

In an effort to provide a safe and enjoyable atmosphere for Association Members I, the undersigned Association Member/Renter acknowledge that I understand the need for criminal background checks of Association Members/Renters. I agree to fully cooperate in such criminal background investigations and consent to any waivers or authorizations that may be necessary to obtain access to relevant information. I further do hereby release, hold harmless, and forever discharge Slippery Rock Campground Association, and it's respective representatives, officers, agents, employees, successors, insurers, from any present or perspective claims of any kind arising or resulting from any alleged liability from conducting criminal investigations.

I HAVE READ THE ABOVE AND UNDERSTAND IT FULLY. I RECOGNIZE THAT I AM RELEASING, DISCHARGING, HOLDING HARMLESS SLIPPERY ROCK CAMPGROUND ASSOCIATION AND OTHERS FROM LIABILITY ASSOCIATED WITH ANY CRIMINAL BACKGROUND INVESTIGATION TO BE CONDUCTED WITH RESPECT TO ME AND MY CRIMINAL HISTORY.

Please Print: (First Name) (Middle Initial) (Last Name)

Please Print (Maiden name or other names used)

Please Print: (Full Address)

(City) (State) (Zip Code)

(gender) (Date of Birth) (Social Security Number)

(Signature) (Lot Number)

Date (Email Address)

If additional information is needed, please leave a phone number where we can reach you:
