



WAIVER & RELEASE OF LIABILITY FOR PARTICIPANTS

I, _____ (name of parent/legal guardian), hereby give my approval and consent for the participation of _____ (participant's name) in the following Valley Athletic Association ("VAA") activity:

_____ (name of activity/year).

I acknowledge, appreciate, and agree that the risk of injury to my child from VAA activities is significant, including the potential for permanent disability and death; and while particular rules, equipment, and personal discipline may reduce the risk, these risks do exist. These risks may be associated with weather conditions, playing conditions, equipment, and other participants, among other things. For my child, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others, and I assume full responsibility for my child's participation.

Participation in VAA activities also includes the risk of exposure to, and illness from, communicable diseases including, but not limited to, MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, I fully understand that the risk of serious illness and death exists. I knowingly and freely assume this risk, and I assume full responsibility for my child's participation.

I agree to comply with any terms and conditions that may be associated with my child's participation in this VAA activity. I certify that my child is physically fit to take part in this activity. If I observe any significant concern for my child's readiness to participate, I will immediately remove my child from participation and bring my concern to the attention of a VAA official.

On behalf of my child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin, I hereby release the VAA and its respective officers, affiliates, agents, representatives, successors, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct VAA's activities ("Released Parties") from all liability, and also agree to indemnify and hold harmless the Released Parties, with respect to any injury, disability, death, or loss or damage to person or property incident to my child's involvement or participation in this VAA activity, whether arising from the negligence of the Released Parties or otherwise, to the fullest extent permitted by law.

I authorize any medical evaluation or treatment of my child that may be advised or recommended by the attending physician or emergency medical personnel while participating in this VAA activity.

Please list any allergies and/or medical conditions, including those requiring maintenance of medication (e.g., diabetes, asthma, seizure disorders, etc.). The purpose of this information is to ensure that medical personnel have timely and accurate pre-existing medical condition information that may interfere with or alter treatment:

I further give VAA permission to publish pictures of my child participating in this VAA activity on the VAA website or other VAA publications. My child will not be identified in any of the above-mentioned sources without my prior written consent.

I have completely read this document and fully understand its contents. I acknowledge that I have given up certain rights by accepting this document, and I do so voluntarily.

THIS IS A WAIVER. READ BEFORE SIGNING

Name of Child: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____