

Liability Waiver

We (I) further knowingly and voluntarily waive any and all claims and forever release the Middle School Athletic Association, its Board Members, Officers, Agents, Coaches, Sponsors, and Volunteers for any and all injuries sustained by our/my son/daughter, while participating, whether it be in a practice session, in actual competition, or while being transported to either/or of the fore mentioned.

We (I) the undersigned, have adequate insurance and are (am) willing to take full financial responsibility for any and all injuries sustained by our/my son/daughter participating, whether it be in a practice session or in an actual competition or while being transported to either/or of the fore mentioned.

Our/my signature below will allow a coach to admit our/my son/daughter to a medical facility and/or to the care of a physician, if conditions warrant such action.

Parent/Guardian signature

date

Parent Name (please print)

Athlete Name (please print)

sport