



**Waiver
Archer Athletic Association**

(PLEASE PRINT)

TEAM: _____ HEAD COACH: _____

CHILD'S NAME: _____

Parent / Guardian name: _____

I, (above parent or guardian), grant my approval for my child to participate in all Archer Athletic Association activities during the current season.

I assume all risks and hazards incidental to such participation in any and all circumstances, including transportation to and from activities.

I waive, release and agree to hold harmless the Archer Athletic Association, the organizers, sponsors, supervisors and participants transporting my child to and from activities for any claim arising from injury to my child.

I understand that there is a pre-determined amount covered by accidental insurance sponsored by the Archer Athletic Association.

I understand that this waiver applies to any facility where my child will participate in a Archer Athletic Association event. I agree to not hold any party or the facility responsible for any injuries to my child.

Parent/Guardian Signature

Date