

Liability Waiver & Medical Attention Authorization

By completing and signing this form, I, being the parent/guardian of the child named in this form, do hereby consent to his/her participation in any and all Atlanta Colt Youth Association (ACYA) activities. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless ACYA, directors, volunteers, sponsors, organizers, supervisors, participants and persons transporting my child to or from activities for any claim arising out of an injury to my child, except to the extent and in the amount covered by accident insurance or liability insurance.

I convey the authority to ACYA to obtain medical attention for my child in my absence should the need arise. I understand that I am liable for the expense of such medical assistance and that ACYA provides only supplemental insurance.

Participant

Date

Parent/Guardian

Date