

## PVYA Girls Softball Waiver

The Potomac Valley Youth Association (PVYA) does not carry hospitalization or accident insurance on any of the players. Coaches or any other engaged in any manner in the Association's athletic programs. If you want such insurance, you must obtain it yourself. By signing below, I agree to the following:

1. To allow my child/children to participate in PVYA activities.
2. To allow my child/children, when necessary, to be transported to and from PVYA practices and events either in a private car or by a PVYA vehicle.
3. To allow PVYA and/or it's designated representative, in case of an apparent serious injury or sickness, to take my child/children to a physician or hospital for examination and treatment. I understand that PVYA will make every effort to contact me before any treatment is rendered.

In consideration of PVYA allowing my child/children to participate in its activities, I agree not to hold PVYA, it's officers, directors, coaches, and other assisting personnel liable for any injuries that may occur to my child/children, while participating in any PVYA activity. I understand that these terms will remain in effect until such time as changes are made, in writing, between PVYA and me. I can revoke my agreement to these terms by withdrawing my child/children from the program.

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_