

PVYA Waiver

I, the minor's parent and/or legal guardian, have read and understand the agreement, understand the nature of the activity and the minor to be qualified to participate in such activity, hereby release PVYA, it's officers, agents, associations, or any person or entity connected with the liability claims demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by negligence of the releases named above, I will indemnify, save and hold harmless each of the releases from any litigation expenses, attorney's fees, loss, liability, damage or cost any may incur as the result of any such claim. Parent/Guardian: I understand and agree to this waiver.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MD State Law Concussion Waiver

Concussions related to sports injuries are a very serious issue for kids of all ages. Please review the MD State Law Concussion Information before registering.

Please visit the CDC's website dedicated to concussion awareness for factsheets geared toward players, parents, and coaches.

In compliance with Maryland HB 858 and SB771, I hereby acknowledge that I have received the information regarding concussions published by the United States Department of Health and Human Services Centers for Disease Control and Prevention (CDC) and have shared this information with my child(ren) or athlete(s).

By signing this waiver, I acknowledge receiving concussion information from PVYA.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date