

WEST SHORE YOUTH ATHLETIC COMPETITION WAIVER

West Shore Youth Athletic Competition General, Medical and Publicity Release NO TEAM WILL BE ALLOWED TO COMPETE WITHOUT TURNING IN A RELEASE FOR EVERY ATHLETE TO EVENT OFFICIALS In consideration of the acceptance of entry to all West Shore Youth Athletic competitions and intending to be legally bound for myself AND MY MINOR CHILD, our heirs and assigns, executors and administrators, hereby give consent for MY MINOR CHILD to participate in said event and waive and release any and all rights for liability and damages WE may have against any sponsor, co-sponsor, individual, volunteer, officer, director, employee, contractor, licensee, participant and/or official of West Shore Youth Athletic Association (WSYAA), West Shore Shock Cheerleading, The Jingle Bell Battle, The Blizzard Battle, The PA Keystone Championship, or the competition venue for any and all injuries, illness or death that may result from or arise by MY MINOR CHILD'S participation in said event. I acknowledge that it is my responsibility to understand precautions MY MINOR CHILD should take and assume the liability for any and all risks, without limitation, from participating in said event including, but not limited to physical injury, including catastrophic injury, emotional injury, sickness, death, property damage, falls, collisions with people or objects, the unavailability of emergency medical care, and/or the negligence and/or deliberate act of another person and I further state that MY MINOR CHILD is in proper condition to participate in this event and authorize WSYAA to transport or authorize transport of the participant to a medical facility and/or hospital and to authorize emergency medical treatment to the participant. I attest that I am who I claim to be and that I am the LEGAL PARENT OR GUARDIAN OF THE MINOR CHILD AND I AM LEGALLY ABLE TO EXECUTE THIS AGREEMENT FOR THE MINOR CHILD I AM SIGNING ON BEHALF OF, that MY MINOR CHILD is physically fit, and has sufficiently trained for this event. I also give grant WSYAA unrestricted right to copyright and/or use MY MINOR CHILD'S name, image, and/or picture in any document, newspaper, broadcast, telecast, or any other account of this event without limitation and without compensation to me or MY MINOR CHILD.+

Participant's Name	Birthdate	Current Age	Gender (M/F)	Current Grade	Parent/Legal Guardian Signature	Date
1. _____						
2. _____						
3. _____						
4. _____						
5. _____						
6. _____						
7. _____						
8. _____						
9. _____						
10. _____						
11. _____						
12. _____						
13. _____						
14. _____						

15. _____
16. _____
17. _____
18. _____
19. _____
20. _____
21. _____
22. _____
23. _____
24. _____
25. _____

If you have more than 25 participants please copy this document and continue listing your athletes on the additional page – DO NOT CONTINUE WITH NAMES/SIGNATURES ON THE BACK ON THIS PAGE

I, _____, having the position _____ with
_____ do hereby attest Printed Name of Coach/Official Position with Organization
Name of Organization The above information and *PARENT/GUARDIAN SIGNATURES*

to be accurate to best of my knowledge: _____

Signature of Organization Official

Date of Signature

