

GAA Complex Tinton Falls LLC Parental Waiver and Consent Form

I, the undersigned parent, acknowledge, agree and understand that:

As the parent or legal guardian of the child named below. I hereby give my full consent and approval for my child to participate as a team member in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless GAA Complex Tinton Falls LLC, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental there to, whether the result of negligence or any other cause.

----- Return Below Section to Team Coach -----

Waiver, Release of Liability and Indemnification Agreement

EVENT: High School League

DATE: June 23-July 29, 2019

TEAM: _____

COACH: _____

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

(PRINT) PLAYER NAME

(PRINT) STREET ADDRESS

CITY

STATE

ZIP

Please list any physical limitations (allergies, hearing, sight, etc.): _____

(PRINT) GUARDIAN/PARENT NAME

(SIGNATURE) GUARDIAN/PARENT

Date: _____