2026 WVMFL Waiver/Affidavit

Participants Name:	
As the Parent or Guardian of the child named above, I for my child to participate as a team member in the sp	
I understand that there are certain risks of injury inher as well as in traveling and other related activities incid willing to assume these risks on behalf of my child. I h of participating in the designated sport and that my chemental disabilities or infirmities that would restrict full as listed below.	ental to my child's participation, and I am ereby certify that my child is fully capable ild is healthy and has no physical or
In addition to giving my full consent for my child's part hold harmless Williams Valley Midget Football league, supervisors, and representatives for any injury that ma course of participation in the designated sport and the the result of negligence or any other cause.	its officers, coaches, sponsors, by be suffered by my child in the normal
I also authorize any league and/or team official to actinudgement in the event of a medical emergency requiring to bring claim against such individual in the exercinsurance coverage on injuries received during the foo parent or guardian's insurance policy.	ring medical attention. I hereby waive my sise such judgement. I recognize that
Please list physical limitations (Allergies, Asthma, Hear	ing, Sight, ETC.)
Parent or Guardians Signature:	Date <u>:</u>