AFFTON ATHLETIC ASSOCIATION WAIVER AND RELEASE OF LIABILITY

Team Name _____
Division _____
Local Affiliate _____
Contact _____
Address _____
City/State/Zip _____
Telephone _____

Team Manger _____
Address _____
City/State/Zip _____
Telephone _____

In consideration of being allowed to participate in any way with Affton Athletic Association, the undersigned:

1) Agree that prior to participating, they will inspect the facilities and equipment to be used , and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate.

2) Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permenant disability and death, and severe social and economic losses which might result not only from their actions, inactions or negligence but the actions inactions or negligence of others, and rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably forseeable at this time.

3) Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.

4) Release, waive, discharge, and covenant not to sue Affton Athletic Association, their respective administrators, directors, agents, coachesand other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of the premises used to conduct the event, all of which are hereinafter referred to as "releases" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the release or otherwise.

I/ WE, HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

AAA official initials & date		PRINTED NAME OF PLAYER	PLAYER'S SIGNATURE (Always Required)	PARENT'S SIGNATURE (Required if player is 17 or younger)	DATE OF BIRTH
	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
	9				
	10				
	11				
	12				
	13				
	14				
	15				
	16				
	17				
	18				

I certify, to the best of my knowledge, the above names and signatures are valid.

_____ Manager Date _____