

# Delaware Valley Athletic Association

Youth Baseball & Softball

P.O. Box 491, Milford, NJ 08848 \* [www.leaguelineup.com/delvalaa](http://www.leaguelineup.com/delvalaa)

## MEDICAL WAIVER FORM

Due to the pre-existing physical limits of my child and in recognition of the potential for heirs, executors, administrators, successors, and assigns we hereby release, acquit, waive, and forever discharge the Delaware Valley Athletic Association (DVAA), its agents, successors or assigns from any claims, actions, causes, expenses or compensation whatsoever we have against it, or its insurer, for any medical emergencies and/or personal injuries arising out of our child's participation in any practice, game, or other league sponsored events. I/ We, the legal parents/guardians of \_\_\_\_\_, a member of the Delaware Valley Athletic Association (DVAA), has my/our consent and authorization to participate in practices, games, or other league sponsored events.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_