

Tryout Number:



2019/2020 Clarington Ravens Tryout Waiver

I, the parent or guardian _____, give approval to my child's participation in all activities of the Clarington Ravens programs. I assume all risks and hazards incidental to such participation.

I do hereby waive, release, absolve, indemnify, and agree to withhold the Clarington Ravens, the organizers, coaches, sponsors, officials, supervisors, from any claims arising out of injury to my child incidental to such participation, except to the extent and amount covered by accident and/or liability insurance held by the Clarington Ravens.

I further agree that in my absence the designated league officers, and/or team coaches shall have authority to take action, as deemed necessary, to provide or render immediate medical attention to the above named applicant due to sudden illness or injury incidental to, or occurring during his/her participation.

Parent/guardian signature: _____ date: _____

Parent/guardian signature: _____ date: _____

Witness: _____ date: _____