

PAHAA
Liability Waiver & Medical Consent

I, the undersigned parent/guardian of the individual named herein, authorize my child to participate fully in the Paris Area Homeschool Athletic Association (PAHAA).

This release is intended to discharge in advance the PAHAA Board of Directors, coaches, and assistants from and against any and all liability arising out of, or connected in any way with, my child's participation in PAHAA. It is understood that this activity involves an element of risk and a danger of accidents, and knowing those risks, I hereby assume them. In addition, I understand that by signing this agreement, I hereby release and discharge all facilities where PAHAA activities are being conducted from any and all liability resulting in injury associated with participation at that facility.

I certify that my daughter/son is in good health and can take part in all activities. I attest that my child is physically fit and has no known medical conditions, which prohibit participation in this sport.

I authorize the coaches, assistants, and/or facility staff as agents for the undersigned to consent to medical, surgical, and/or dental examination in addition to any and all other treatments that may be deemed necessary by medical personnel as well as authorize medical transportation (by ambulance or otherwise) to a hospital or similar medical facility if I or my spouse (or other guardian) cannot be immediately located at the place of the injury or illness.

I also agree that I am responsible for the costs associated with any and all emergency treatment or medical care administered, including any related medical transportation costs.

I understand that PAHAA activities may occasionally be rescheduled, moved, or cancelled due to facility or team conflicts that are beyond the control of PAHAA. PAHAA will provide as much notice as possible if/when these conflicts occur.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACTUAL AGREEMENT BETWEEN MYSELF AND PAHAA, ITS COACHES, ASSISTANTS, AND THE PREMISES WHERE THE PROGRAM ACTIVITIES ARE BEING CONDUCTED.

Participant Name(s): _____

Parent's Name/Date: _____

Parent's Signature: _____

Date: _____