



HUFFMAN YOUTH ATHLETIC ASSOCIATION (HYAA) LIABILITY WAIVER

I, the parent/legal guardian of the above child, hereby give permission for him or her to participate in any and all activities during the current HYAA Season. I assume all risks of hazards incidental to such activities. I hereby release, waive and hold harmless, the Huffman Youth Athletic Association and any and all alliances named in partnership, its respective organizers, directors, and coaches from any claims arising out of any injury or damages incurred during or en-route to such activity.

HYAA MEDICAL AUTHORIZATION

I, the parent/legal guardian of the above child, hereby give permission in the event of my absence do hereby give my consent and permission to Huffman Youth Athletic Association , its agents and directors to authorize any medical attention required when an injury has occurred with my child.

HYAA PHOTO/VIDEO AUTHORIZATION/RELEASE

I, the parent/legal guardian of the above child, hereby give permission to the Huffman Youth Athletic Association to use, reproduce and/or publish photographs and/or video that may pertain to me or my child during the current/postseason for use on the public website for promotional reasons. And I release the League, and its agents from all copyright use. Consequently, the League may publish materials, use my name, photograph, and/or make reference to me in any manner that the League deems appropriate in order to promote/publicize League activities.

By signing below I have read, acknowledged and agreed to the above HYAA PHOTO/VIDEO AUTHORIZATION/RELEASE, HYAA MEDICAL AUTHORIZATION and HYAA LIABILITY WAIVER.

Child Name

Parent/Guardian Print Name

Parent/Guardian Signature

Date