

LOWER SOUTHAMPTON ATHLETIC ASSOCIATION

HOLD HARMLESS WAIVER

I, _____, as

Parent/legal guardian of _____,
Hereby consent to his/her participation in the Lower Southampton Athletic Association
Flag Football program.

I am aware of the potential for injury or harm to him/her and to others as a result of
his/her participation in this program.

By signing this waiver, I hereby release, absolve, and hold harmless Lower Southampton
Athletic Association and Lower Southampton Township and its agents, board members,
successors, facilitators and/or assigns, now and forever into the future, from any and all
liability for any injury of any kind, suffered as a result of, or in any other way connected
with his/her participation, as an active participant and/or as a spectator, in the Lower
Southampton Athletic Flag Football program.

Further, by signing this waiver, I agree I will assume full and complete responsibility for
damage to any property real or personal, suffered by him/her as an active participant and
or as a spectator in the Lower Southampton Athletic Association Flag Football program.

By signing this waiver, I am agreeing to assume full and complete responsibility for all
medical payments of any kind associated directly or indirectly, with his/her participation
in this program.

I have read this document completely, I understand its contents and their significance,
and I am freely and willingly signing this agreement as parent/legal guardian of

Date: _____ Signed: _____

Witnesses: _____