

# CGAA Waiver Form

(This form to be completed by a parent/guardian of all fifth grade athletes and/or first year participants)

As the parent of \_\_\_\_\_, I give my permission for him/her to participate in the following organized CGAA athletic events:

- |                          |               |                          |            |
|--------------------------|---------------|--------------------------|------------|
| <input type="checkbox"/> | Soccer        | <input type="checkbox"/> | Volleyball |
| <input type="checkbox"/> | Basketball    | <input type="checkbox"/> | Golf       |
| <input type="checkbox"/> | Cross Country | <input type="checkbox"/> | Tennis     |

I agree to hold the school and its agents harmless for any liability to my child because of any injury to him/her. Should legal action, for any reason, be taken against CGAA or any employee or agent thereof, on my child's behalf, I agree to pay all attorney fees (CGAA included), damages, medical fees, or other costs.

\_\_\_\_\_  
Signature of Parent

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

\_\_\_\_\_  
Signature of Athletic Director

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