



Grayson Athletic Association
P.O. Box 206
Grayson, GA 30017

Tel: 866-800-0993
www.gaasports.org

Waiver Non-County Facility Use

Activity	Year	Season	Division	Manager / Coach	Team Name

Please provide names of all Children applying for Waiver	Childs Name	Childs Name	Childs Name

I, _____, the parent(s)/guardian(s) of the above referenced child/children grant my approval for my child to participate in all Grayson Athletic Association activities during the current season.

I assume all risks and hazards incidental to such participation in any and all circumstances, including transportation to and from all activities.

I waive, release and agree to hold harmless the Grayson Athletic Association, the organizers, sponsors, supervisors and participants transporting my child to and from activities for any claim arising from injury to my child/children.

I understand that there is a pre-determined amount covered by accidental insurance sponsored by the Grayson Athletic Association.

I understand that this waiver applies to any non-county owned facility where my child/children will participate in a Grayson Athletic Association sporting event. I agree to hold the party responsible for the non-county sponsored facility harmless.

Parent / Guardian Signature

Date

Phone#

(To be completed by Grayson Athletic Association officials)

Received by

Date

Activity Coordinator Approval

Date

Activity Director Approval

Date