RELEASE AND WAIVER OF LIABILITY

Date: _____

Participant Name: _____ **Date of Birth:** _____

Organization Being Released From: _____

Acknowledgment of Disaffiliation I understand that by signing this waiver and release, the participant's affiliation with the organization named above is officially terminated for the current season, unless reinstatement is otherwise approved in writing.

Participant Information

- Participant Name: _____
- Date of Birth: _____
- Team/Division: _____
- Parent/Guardian Name: _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Release Information

- Requested Effective Date: _____
- Reason for Release (Check all that apply):
  - [ ] Relocation / Moving out of area
  - [ ] Transfer to another league/club
  - [ ] Injury / Medical reasons
  - [ ] Voluntary withdrawal from sport
  - [ ] Other (Please specify):

Parent/Guardian Authorization

I certify that the information provided above is accurate and that I possess the legal authority to request this release.

- Parent/Guardian Printed Name: _____
- Parent/Guardian Signature: _____
- Date: _____

Receiving Organization (Optional)

Organization Name: _____

Representative Name: _____ Date: _____

_____ _____

Parent/Guardian Signature Date

_____

Print Name