



## 2017/18 SCHOLASTIC YEAR WAIVER FORM

I/We, the parents and/or legal guardian of the Participant, a minor, hereby give our consent for the above named individual to participate in the activities sponsored by Athletes Helping Athletes Inc. during the **Scholastic Year from August 15, 2017 through June 30, 2018** and hereafter agree to the following terms and conditions related to his/her participation. I/We give my/our permission to engage in all activities except as noted on the back of this form. I/We understand that I/We am/are responsible for arranging this young person's transportation to and from the event (even if dismissed prior to the official end of the event because of unruly behavior or other circumstances). Athletes Helping Athletes Inc. and all of its participating schools and organizations shall not be responsible for the safety, health or well-being of any individual, parent and/or legal guardian of any Participant and/or any other Participant.

In case of medical emergency, I/We understand that it is very important for me/us to stay inside the building at all times during the event. If for some reason I/We cannot be found or reached, I/We hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on the staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician. I/We agree to be solely responsible for paying for all fees, costs, charges related to any of the aforesaid health care, diagnosis and/or treatment including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider.

I/We hereby agree to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the above entity, their officers, directors, members, employees, volunteers, successors and assigns from and against all losses, liabilities, claims, demands, causes of action, damages, costs, including reasonable attorney's fees and expenses of every kind and nature arising out of or resulting from or caused by in whole or in part any act, omission, negligence or fault of Athletes Helping Athletes Inc. and the above entity, their officers, directors, members, employees, volunteers, successors and assigns in connection with Participant's participation in the event including but not limited to those in connection with the loss of life, bodily injury, personal injury, damage to property as well as in connection with any health care expenses including but not limited to all medical, surgical, hospital, ambulance or any other health care or other provider. This obligation to indemnify, defend and hold harmless Athletes Helping Athletes Inc. and the above identified entity, their officers, directors, members, employees, volunteers, successors and assigns shall survive the termination of this agreement.

**ATHLETES HELPING ATHLETES, INC.**  
**2017/18 SCHOLASTIC YEAR WAIVER FORM**  
**THIS FORM MUST BE COMPLETED IN ITS ENTIRETY**  
**PLEASE PRINT CLEARLY**

**PARTICIPANT INFORMATION**

Last Name/First Name: \_\_\_\_\_ School District: \_\_\_\_\_  
Birth Date (M/D/Y): \_\_\_\_\_ School: \_\_\_\_\_  
Address: \_\_\_\_\_ Will travel to other school districts?  Yes  No  
City, State, Zip: \_\_\_\_\_  
Gender:  Male  Female Adult T-Shirt:  S  M  L  
 XL  XXL  No Shirt

**PARENT/GUARDIAN INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Night Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**MANDATORY INFORMATION**

*Absolutely no one will be permitted to participate in events without this section filled in completely.*

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_  
Policy Holder's Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

1. Has your child suffer ever experienced or currently being treated for any of the following?  
 *Asthma*  *Diabetes*  *Frequently upset stomach / Epilepsy / Seizure disorder*  
 *Heart trouble*  *Physical Handicap*

2. Does your child wear any of the following?  *Glasses*  *Contact lenses*

3. I/We give permission for photographs or video of my child to be used for our website and/or other purposes.  
 *Yes*  *No*

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Please include **A)** Names of medications and dosages that must be taken, **B)** Any major illnesses the child experienced during the last year, **C)** Any activities that should be restricted and **D)** Any dietary needs/restrictions/allergies.

By signing this waiver, I agree to the terms described in the Athletes Helping Athletes, Inc. Scholastic Waiver Form.  
**This Waiver Form is valid for the entire 2017-18 Calendar School Year of Games and Events.**

Parent/Guardian Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_  
Relationship to Participant: \_\_\_\_\_ Date: \_\_\_\_\_

THIS WAIVER MUST BE RETURNED TO ATHLETES HELPING ATHLETES, INC.  
FOR YOUR CHILD TO PARTICIPATE IN ANY AHA, INC. ACTIVITY  
PO BOX 172, RICHBORO, PA 18954 • FAX: 888-270-8388