HOLD HARMLESS WAIVER AND INDEMNITY AGREEMENT

Participant's name:			
	st Name, First)		
Participant's Date of Birth:	Telephone	Telephone #:	
Address:(Street)			
(Street)	(City)	(State)	(Zip)
I/We, the parent(s)/guardian(s) o participation in any and all activit			child's
In doing so, I/we assume all risks transportation to and from such a indemnify and agree to hold harr organizers, supervisors, and spochild to or from SYA activities, from SYA activities, including any a its staff, coaches, volunteers or pexpense which may be incurred participation in any and all such a	activities, and so hereby wai mless the Salisbury Youth A onsors, other participants and om any claim of relating in a accident or injury resulting fro participants. I/We will assum as a result of accidental boo	ve, release and abso ssociation, its Directod persons transportin ny way to my child's pom any negligence of the full responsibility folioning injury occurred thr	lve, ors and staff g my/our participation the SYA, or any
Signature of Parent(s)/Guardian((s) of Participant:(Signa	ature)	
	(Printe	ed)	
	Date:		