



## Kiwanis Little League Sports Liability Waiver Form

I am not aware of any injury, illness or other health related issues that would restrict or limit my child's ability to play competitive sports.

I agree to assume all risks and expenses due to an injury that may occur as a result of my child's involvement in competitive sports' practices, games, and/or travel to and from said activities.

I agree to hold the Kiwanis of the Rockaways Little League or anyone acting on its behalf as a manager, a coach, volunteer, or administrator harmless in the event of an injury to my child while participating under the supervision of the above.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
DOB