WHEELCHAIR & AMBULATORY SPORTS, USA

TEAM/EVENT WAIVER FORM

TEAM/EVENT NAME_____ SPORT_____

The undersigned agrees to indemnify and hold WASUSA harmless, and release WASUSA from any and all liability for any injury which may be suffered by the below named individual in any WASUSA sanctioned event arising out of or in any way connected with participation in WASUSA events except as arises out of the sole willful act or sole negligence of WASUSA, its officers, agents or employees.

I HAVE READ THE ABOVE AGREEMENT AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR INJURY RECEIVED.

Printed Name	Signature (Signature of parent or guardian if under 18yo)	Date