



**2017-2018
WAIVER FORM
FOR YOUTH MEMBERS
(18 and under)**

Please complete this form along with your Membership Form and return to:

NAME:
PHONE:
POSTAL ADDRESS:
E-MAIL ADDRESS:
BIRTH DATE (DD/MM/YYYY):*

*This info is needed for the accident insurance which covers all Mudds members.

A Youth member and his or her legal guardian(s) hereby release the Mississippi Mudds and all volunteers from claim for personal injury sustained in, on or about the facilities.

I, the parent/guardian of the above named person hereby give consent to their name and photograph being published in newspapers, social media and/or on the MUDDS website.

Date

Parent's Name (**please print**)

E-mail Address

Parent's Signature

NOTE TO PARENTS: Please review your child's Membership Form to ensure all information is correct and that you concur with all the information submitted. If paying by cheque, please ensure the child's full name is indicated on the cheque.

****PLEASE SEE MEMBERSHIP FORM FOR NEVADA****