

WCAA  
Waiver of Physical

I, the undersigned legal guardian, on behalf of my minor child named herein, do affirm that WCAA has clearly informed me that a physical by a medical doctor is required as a condition precedent to my child playing in any WCAA sanctioned event; however, I have voluntarily elected to forgo, on behalf of my minor child, any such physical examination and hereby affirm and forever release any and all claim which may arise, in anyway, connected to my child's physical well-being and physical health as it may relate to my child's participation in any WCAA sanctioned event or practice. My child has exhibited no signs of any physical condition which gives me any cause for concern in relation to their physical health. My child does not suffer from any illness to my knowledge such as heart problems, breathing problems, joint problems etc. In the event some latent condition or unknown condition does exist then I forever waive any claim I or my minor child may have against WCAA or any firm, company or person in relation to the same. Additionally, I clearly understand that by failing to provide such physical examination that my child is subject to denial for any claim submitted to any insurance associated in any way with WCAA and or any of its agents.

This the \_\_\_\_\_ day of \_\_\_\_\_, 2010.

By: \_\_\_\_\_  
(parent/guardian signature)

On behalf of : \_\_\_\_\_  
(minor child)