



WAIVER AND RELEASE OF LIABILITY FORM

Delaware County Gaels Youth Gaelic Sport Organization
P.O. Box 759 Broomall Pa 19008

Please fill out below:

Name of Child: _____

Dob: _____

Name of Parent/Guardian: _____

Address: _____

Email: _____

Phone Number: _____

As parent/legal guardian of _____, I hereby give my full consent and approval for my child to participate in the Delaware County Gaels practice/games/events.

I understand that there are certain risks associated with team sports like Gaelic football, hurling and camogie. I am willing to accept these risks on behalf of my child.
I understand that all necessary equipment is mandatory for my child to participate.
In addition to giving my consent for participation, I do hereby agree on behalf of my child to not hold any and all liability against any officer, coach, manager or player of the Delaware County Gaels Organization resulting in any injury or condition sustained at this session.

I grant permission to the Delaware County Gaels to use any photographs/video of my child used for promotional purposes during this session. This permission will also be granted to the Philadelphia Gaelic Athletic Association and the Gaelic Athletic Association of North America.

Printed Name of Parent/Guardian

Date

Signature of Parent/Guardian