



Group Liability Form

Event _____
 Team: _____ Division: _____ Level: _____

My daughter/son has permission to participate in the DCCA competition known as _____. I acknowledge, understand and agree that in taking part in this competition and related activities that there is a possibility of physical illness or injury and that the participant is assuming the risk of such illness or injury by participating. I give my permission to this competition, it's coaches and any volunteers to take the necessary measures for my child to receive medical attention in case of injury. As a condition for my daughter's/son's participation, I have agreed to release the venue, coaches and all other parties concerned from any personal injury, theft and/or damages to my child or property and I understand that the venue, coaches and all other parties concerned will not be held responsible by me for the above. I acknowledge that my child may be videotaped or photographed and that, once taken, such videos and photographs may be published at any time, in any form of media. I release the host from any and all liability arising out of or in connection with the above-described activities.

I certify that I have medical insurance on my child that will provide coverage while she/he participates in our events

Participant Name	Age	Birth Date	Emergency Contact Person	Contact Phone #	Parent Signature	Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

Please duplicate this form as necessary if you have more members

Coaches Signature: _____
 DCCA – Qualifier Packet 2014-2015