



**WAIVER FORM  
FOR YOUTH MEMBERS  
(18 and under)**

Please complete this form along with your Membership Form and return to:  
Sandra Dunlop, Membership Chairman, Mississippi Mudds

| NAME | PHONE | POSTAL ADDRESS | E-MAIL ADDRESS | BIRTH DATE* |
|------|-------|----------------|----------------|-------------|
|      |       |                |                |             |

\*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.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent's Signature

**Note: Parent's please review your child's Membership Form to ensure all information is correct and that you concur with all the information submitted.**