

Pop Warner Little Scholars, Inc.

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2018 SEASON

Pilot Waiver for Unlimited programs in the Mid-America and New England Regions

Must be signed by all Parents of children participating in this Pilot program.

I understand that this particular Pop Warner League and Association are participating in a trial program. All Pop Warner rules will be adhered to EXCEPT the Age-Weight Schematic. In lieu of that Age-Weight Schematic, our participants will play by age only.

I accept this change and waive any/all rights to bring claims against Pop Warner, its associations, leagues, officials employees, officers and directors, based on use of the age level team structure instead of Pop Warner's Age-Weight Schematic.

I also understand that this waiver is in addition to, not in place of, any other waivers applicable to participation in Pop Warner Football.

| Date: | |
|-------------------------------|--|
| Participant Name: | |
| Parent/Guardian Name (PRINT): | |
| Parent/Guardian Signature: | |
| Region: | |
| eague Name: | |
| Association Name: | |