**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:

League Name:

Association Name: