

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, hereby voluntarily permit my child, _____,
(Please Print Your Name) (Please Print Your Child's Name) to participate in the Team Elevate AZ
Basketball Tryouts for the 2024 Spring/Summer Basketball season.

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND
THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES. I
HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY
THIS STATEMENT BY PLACING MY INITIALS HERE. _____ (Please Sign Your Initials Here)

As consideration for being permitted by Team Elevate AZ to participate in this activity, I hereby
release and hold harmless the officers, employees, volunteers, designated coaches, and
agents of Team Elevate AZ ("Elevate Personnel"), jointly and severally, from all liability, and from
all actions or claims that I or my child now or hereafter have for damage or injury to my child,
myself, and/or to any person or property, resulting from the negligence or other acts of any
employees or volunteers in connection with my child's participation. I further agree that this
waiver, release and assumption of risks are to be binding on the heirs and assigns of the
undersigned. I further agree to indemnify and to hold Team Elevate AZ Personnel free and
harmless from any loss, liability, damage, cost or expense which they may incur as a result of
any injury and/or property damage that my child and/or I may cause or sustain while
participating in this activity. In case of a medical emergency involving my child when I am not
present, I hereby give permission to Elevate Personnel to authorize medical treatment as
recommended by emergency medical professionals including X-rays. I also hereby give
permission to Elevate Personnel to disclose to medical professionals any medical information
related to the treatment and/or care of my child. I understand that an attempt will be made to
reach me by phone as soon as possible. I acknowledge that the Team Elevate AZ does not
provide any medical or other insurance protection for my child or me and as such I agree to
pay all medical, hospital, or other expenses which my child or I may incur as a result of injury
and/or medical treatment I have authorized herein.

I HAVE CAREFULLY READ THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT
AND FULLY UNDERSTAND ITS CONTENTS; I AM SIGNING THIS DOCUMENT OF MY OWN
FREE WILL AND I AM AWARE THAT MY SIGNATURE BINDS ME TO A CONTRACT WITH
TEAM ELEVATE AZ AND ALL ELEVATE PERSONNEL.

Signature

Date

Parent's Full Name (Printed)

Parent's Address

Parent's Email Address.

Parents Telephone Number