

Flight Athletic Performance Basketball Registration Video Waiver Liability Form

Flight Athletic Performance Basketball

Participant Information:

Name: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Emergency Contact Information:

Name: _____

Phone Number: _____

Program Information: please write in season or training that you are registering for.

Season and/or Training: _____

Waiver and Release of Liability:

I, the undersigned, acknowledge that my participation in the basketball program involves risk of injury and I voluntarily assume all risks associated with participation, including but not limited to, physical injury, accidents, or damage to personal property.

In consideration for being allowed to participate in the basketball program, I hereby release, waive, and discharge Flight Athletic Performance Basketball, Quincy McCoy, its officers, directors, employees, agents, and volunteers from any and all claims, liabilities, or damages arising from my participation in the program, including but not limited to claims arising from negligence.

Media Consent:

I understand that during the course of the basketball program, video recordings may be made, including my image, voice, and likeness. I hereby grant Flight Athletic Performance Basketball the right to use these recordings for promotional purposes, including but not limited to, social media, websites, and marketing materials. I understand that I will not receive any compensation for the use of these recordings and that they may be edited, copied, exhibited, or distributed in any manner.

Acknowledgment of Understanding:

I have read this waiver and release of liability, and I fully understand its contents. I am aware that this is a release of liability and a binding contract between myself and Flight Athletic Performance Basketball. I am signing this document freely and voluntarily.

If the participant is under 18 years of age, a parent or guardian must sign:

Parent/Guardian Name: _____

Signature: _____

Date: _____