

## **ACTIVITY AGREEMENT, WAIVER, AND RELEASE**

In consideration for being permitted by the above program to participate in the above activity, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the above program (its officers, employees, volunteers, and agents), Florida Keys Youth Basketball League from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I also voluntarily assume all risks that I and/or my child(ren) may be exposed to or infected by COVID-19 as a result of participation in the program, and that such exposure or infection may result in personal injury, illness, sickness, and/or death. I understand that the risk of exposure or infection may result from the actions, omissions, or negligence of myself, my child(ren), FKYBL staff, volunteers, or agents, or others not listed, and I acknowledge that all such risks are known to me. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I sustain while participating in said activity.

## PARENTAL CONCENT: (To be completed and signed by parental/guardian)

activity and I hereby execute the above AGREEMENT, physically able to participate in said activity. I hereby	"may participate in the above WAIVER, AND RELEASE on his/her behalf. I state that said minor is agree to indemnify and hold the persons and entities mentioned ge, cost, or expense which they may incur as a result of death or stain while participating in said activity.
further understand that photographs and video may be taken during the course of the said activity and that these photographs and video may be used for Florida Keys Youth Basketball League publicity/marketing purposes. I HAVE READ AND UNDERSTAND THIS RELEASE.	
I have carefully read this Agreement, Waiver, and Re release of liability and a contract between myself and	lease and fully understand its contents. I am aware that this is a d the above program and I sign it of my free will.
I further understand that no medical insurance is pro changed or cancelled by Florida Keys Youth Basketba	ovided and that no refunds will be given unless activities are all League.
Signature of parent/guardian	Date
Print Name	
This form must be completed and returned to FKYBL admin	istration BEFORE minor may participate.