BASKADEMICS LLC RELEASE FORM AND LIABILITY WAIVER

To be completed LEGIBLY and signed by Participant AND Parent/Guardian

Participant Name		Current Grade	
Street Address	City	Zip	
PhoneEm	ail		
Birth Date	School		
Emergency contact information (PLEASE PRI	NT)		
Primary Contact Name	Pho	one Number	
Secondary Contact Name	Pho	one Number	
Participant Signature:(regardless of age):	Date:		
To be Read and Signed by Parent/Guardian:			
I attest Participant is in good physical condition and ha in exercise or sports activities. I have been advised to activities. I understand there is risk of injury or death Further, in spite of acknowledged risk, Participant has activities by the BASKADEMICS and staff. I approve of the best of their ability.	consult a physician regarding partici by participation in BASKADEMICS ac my permission to participate in trair	pant's engagement in BASKADEMICS tivities, and I assume such risk. ning, competition, events, and	
I understand and agree this document may be kept in be used to keep this information confidential. I agree the event of a medical emergency. I also certify to the the activities described above. If participant becomes BASDADEMICS personnel to act on my behalf in obtain such care.	to allow authorized adult team pers best of my knowledge that the Part ill or sustains injury during BASKADI	onnel to release this information in icipant is physically fit to engage in EMICS activities, I hereby authorize	
I voluntarily release and forever discharge and covenal liability, claims, demands, actions, or right of action, w Participant's participation in BASKADEMICS activities. the BASKADEMICS and related personnel from all defection with claims for bodily injury or property daths course of the Participant's participation in BASKADEMICS.	hich are related to, arise out of or an Further, I agree, promise and coven nse costs, including attorney's fees, mage which the Participant may cau	re in any way connected with the ant to hold harmless and indemnify or from any other costs incurred in	
Parent/Guardian Signature:		Date	
Relationship to Participant:			