

Get Better Basketball Academy
Minor Participant Waiver and Release of Liability

Participant Name (Minor): _____

Date of Birth: _____

Parent/ Legal Guardian Name: _____

Date: _____

1. Acknowledgement of Risk

As the parent or legal guardian of the above-named minor, I understand and acknowledge that participation in basketball clinics, training, drills, and other athletic activities organized by **Get Better Basketball Academy (GBBA)** involves inherent risks. These risks include, but are not limited to, physical injuries (including sprains, fractures, concussions), permanent disability, or death, as well as risks arising from facility conditions, coaching, equipment, and the actions or inactions of other participants and staff.

2. Voluntary Participation

I certify that my child is physically fit and capable of participating in basketball activities, and I voluntarily permit their participation. I have had the opportunity to consult a physician to ensure that my child is medically able to participate in athletic activity.

3. Waiver and Release of Liability

In consideration of GBBA allowing my child to participate, I, on behalf of myself, my child, and our respective heirs, personal representatives, and assigns, hereby waive, release, and discharge **Get Better Basketball Academy**, its owners, directors, officers, coaches, employees, contractors, volunteers, agents, sponsors, affiliates, and the facility owners/operators from any and all liability for injury, illness, death, or property damage arising out of or connected with my child's participation, regardless of whether caused by the ordinary negligence of GBBA or its representatives.

This waiver includes claims related to injuries occurring during training sessions, drills, scrimmages, or use of the gym or surrounding premises.

4. Arrival and Pickup

I understand and agree that **Get Better Basketball Academy is not responsible for the safety or supervision of my child before the scheduled session start time or after the session ends.** I accept full responsibility for arranging timely drop-off and pickup.

5. Gym and Facility Conditions

I acknowledge that gymnasiums, sports courts, and equipment may present unforeseen or undisclosed hazards. I voluntarily assume all risks associated with these conditions on behalf of my child.

6. Medical Treatment Authorization

In the event of an injury or emergency, I authorize GBBA staff to obtain appropriate medical care for my child. I understand that I am solely responsible for all medical costs associated with such treatment.

7. Severability

If any portion of this waiver is held to be invalid or unenforceable, the remaining sections shall remain in full force and effect.

8. Governing Law

This release shall be governed by the laws of the state in which the GBBA clinic is held.

PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):
I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Signature: _____

Date: _____