

T/E Sharks AAU Basketball Club

Waiver of Liability

As parent or guardian of the registered player, I give my consent for my child	,
o participate in the T/E Sharks AAU Basketball Club.	

WAIVER AND RELEASE FOR PHYSICAL ACTIVITY. I understand that there are certain risks of injury inherent in the practice and play of basketball, as well as in various training activities, traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. As physical exercise can be strenuous and subject to risk of serious injury, I acknowledge that I have been advised to submit my child for a physical examination by his/her physician prior to participating. By signing this agreement, I hereby certify that my child is fully capable of playing basketball and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities.

In consideration of the acceptance of this Application by the T/E Sharks AAU Basketball Club, the benefits my child will receive from participation in the Club, and other good and valuable consideration, receipt of which is hereby acknowledged, I hereby release and forever discharge the T/E Sharks AAU Basketball Club, its members, officers, coaches, sponsors, employees, volunteers and other agents or representatives from any and all liability, cause of action, claims, and demands of any nature whatsoever arising out of my child's participation in the T/E Sharks AAU Basketball Club which I ever had, now have, or hereafter can, shall, or may forever have against any of the foregoing parties.

PHOTO/VIDEO RELEASE. I also give the T/E Sharks AAU Basketball Club, it's coaches, officers, or volunteers the right to copyright and/or publish, reproduce, or otherwise use my child's name, voice, and likeness and/or photographs, and audiovisual recordings that include my child for instruction, advertising, program website, publications or brochures, or any other lawful purpose whatsoever. I hereby agree to relinquish all rights, title and interest I may have in the finished product and waive all rights to any compensation thereof.

I have read this release and covenant not to sue and understand it to be a full and complete release of any and all claims which may hereafter arise by me or my child for any reason including but not limited to physical injury, against the T/E Sharks AAU Basketball Club arising from playing basketball or any activities related to playing basketball and/or participating in Club activities.

In witness whereof, intending to be legally bound, I hereby execute this consent and release.

Medical Waiver Authorization

I also authorize T/E Sharks AAU Ba	sketball Club coaches or vo	olunteers to use their judg	ment to request and secu
medical treatment for my child if m	ny child is injured while par	rticipating in a Sharks activ	ity and I cannot be reache

	Date
Parent Signature	