



## Participant Waiver Form

Please read, Sign and Return To Vein Entertainment

By enrolling my Child in, Vein Entertainment Basketball team, I ensure my child is mentally and physically able to participate on the Vein Entertainment Basketball Team. I understand that the Vein Entertainment Coaches, representatives, and independent contractors working for or in partnership with Vein Entertainment, or the property where the session is held or any or all of its officials can not be held responsible in whole or in part for any accidents, illness, or injuries resulting in medical or dental expenses incurred from any participation in this program. I hereby release each of them from and against any and all claims, costs, liabilities and injuries incurred while in training.

I agree to assume full and complete responsibility for any and all medical bills arising from a player's participation. In the event of any emergency, I authorize The Vein Entertainment Basketball to exercise its judgment in the treatment of my child by a medical authority. By signing this release and agreement I acknowledge that I have read and fully understand and agree to all of its terms.

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**Player Name**

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**Parent Name**

**Emergency Contact Name/Number** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Date** \_\_\_\_\_