



TEAM PERSEVERANCE ATHLETICS

Athlete Waiver/Release Form ("Agreement")

YOUTH BASKETBALL



Player's Name: _____

School: _____ *Grade:* _____

IN CONSIDERATION of being permitted to participate in any way in Team Perseverance Athletics activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. **2. FULLY UNDERSTAND** that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these risks and dangers may be caused by my own actions or inactions, the actions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation in the Activity. **3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** any of the Perseverance Basketball, Association staff and/or volunteers, including its parent companies and related affiliated and subsidiary companies of each, as well as the officers, directors, agents, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and, if applicable owners and leasers of the premises on which the Activity takes place, and any other party indemnified and held harmless by Perseverance Basketball, Association staff (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this claim against any of the Releasees, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expense, attorney fees, loss, liability, damage or cost which may incur as the result of such claim.

AGREEMENT TO PARTICIPATE

I grant to the Directors, Coaches and Assistants of this event (Team Perseverance Athletics) to act as guardians/spokespersons in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary, or at the site of a Team Perseverance Athletics event, or hospital/medical facility. I understand that should a health emergency arise, such medical treatment as deemed necessary by competent medical personnel is authorized. I hereby state that to the best of my knowledge the following information is true and correct.

PERSONAL PHYSICIAN'S NAME: _____ **PHONE:** _____

I am presently taking the current medications: _____ **ALLERGIES:** _____

I hereby authorize Team Perseverance Athletics to allow the reproduction, dissemination, and/or publication of my name and likeness for media coverage, public relations, or any other purpose which may involve the use of photographs, films and/or video tape recordings. This is to be done in conjunction with my participating in this Team Perseverance Athletics event and I understand I will not receive any payment for the possible commercial use of my name or likeness.

MINOR RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ALL OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES. ATTORNEY FEES, LOSS OF LIABILITY, DAMAGE OR ANY COST THAT MAY INCUR AS THE RESULT OF ANY SUCH CLAIM. I FURTHER AGREE TO ALL WHICH IS STATED ABOVE.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Medical Release Information

PLAYER NAME: _____ **DOB:** _____ **SEX:** m / f

Mother's Name: _____ Father's Name: _____

Hm Phone: _____ Wk Phone: _____ Cell Phone: _____

If the person(s) above are not available, in the event of an emergency, please notify:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name of personal Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached,

I hereby give my permission to the physician selected to secure the proper medical treatment which may include hospitalization, anesthesia, surgery or injection of medication for my son/daughter.

Medical Information past or present: (Please Circle)

Asthma Heart Disease Leukemia Allergies Cancer

Diabetes Seizures Hemophilia High Blood Pressure

If circled, please explain: _____

Allergies to Medications/Food/Insect Bites/Plants: _____

Do you wear glasses or contacts?

Date of last Tetanus Shot: _____

Printed Name of Guardian

Date

Signature of Guardian

Cell Phone

Work Phone

Address/City/State/Zip: _____

Email Address(es): _____

Driver's License #: _____ Expiration Date: _____

NOTARY

DATE