



BASKETBALL TRAINING WAIVER FORM

(Must be completed and turned in prior to your child/children's participation)

Parent or Guardian Release:

Player Name (s)-_____

Player Age (s)-_____

Email Contact-_____

1st Emergency Number-_____

2nd Emergency Number-_____

By enrolling my child, I ensure that my child is physically and mentally able to participate in all of Carl Hall Sports Development LLC training activities. I understand that Carl Hall, Carl Hall Sports Development LLC, employees, representatives, independent contractors working for or in partnership with Carl Hall Sports Development LLC, or the property where the session is held and any or all of its officials cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from 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 Carl Hall Sports Development LLC 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.

Parent/Guardian Signature

Date