



## ROCKET CITY FALCONS AUTHORIZATION AND RELEASE OF LIABILITY 2025-2026

I, the parent/guardian of the named child, authorize the participation of my child in the Rocket City Falcons Basketball Program (herein being referred to as RCF, RCF BP and the Program). My child will participate in the RCF BP denoted on this Participation Application. I understand that my child's participation in the Program is voluntary and not essential to completion of requirements of any program, school or government agency. I further understand and agree that my child's participation in the Program necessarily involves the risk of injury and even death from various causes, including but not limited to accidents, falls, strenuous and prolonged physical activity, dehydration, illness, collision or dispute with other participants, weather related injuries, playing area and equipment defects, and negligence of coaches and referees. On behalf of my child, my family, and me, I assume these risks. In consideration of the privilege of my child's participation in the Program, and on behalf of my child and me as parent/guardian, I hereby release, discharge, hold harmless and indemnify, and covenant not to sue, Rocket City Falcons Basketball, RCF directors, board members, officers, coaches, volunteers, insurers, agents and representatives, and all other persons associated with the Program (including without limitation any other participating sponsors, parents, vendors, coaches and other game and event workers, officials, drivers and all other participating organizations) as to any and all claims of my child, me and other family members for personal injuries suffered by my child, property damage, medical expenses, and economic loss arising directly or indirectly out of my child's participation in the Program and any first aid, medical care or treatment provided to my child in the event my child is injured or becomes ill while participating in the Program activities, and accepting claims that may not be released under applicable law. This Release of Liability shall be as broadly construed as allowed by law to include all claims and rights that the child, that I as parent/guardian, and that other family members may have. I am a legally responsible parent or guardian of my child. If any provision of this Release of Liability is deemed invalid, the remaining provisions shall remain in full force and effect. This Release of Liability shall be binding on me, my family, heirs, next of kin, legal representatives, beneficiaries, successors and assigns.

### PARTICIPATION AND SAFETY

I understand that participation in the Program may involve strenuous and prolonged physical activity. I agree that my child is healthy and able to participate in the Program activities. I understand that the RCF BP or its representatives may request health information concerning my child and/or ask my child to undergo a medical exam. If the RCF BP determines that my child does have a physical, mental or other condition that may affect his/her ability to safely and appropriately participate in Program activities (or that may affect the ability of other children to participate safely), the Program may determine that my child cannot be permitted to participate. I understand and agree that while the Program desires that all children will be able to participate, such decisions may have to be made out of concern for the best interests of my child and other participants.

### CONSENT TO MEDICAL TREATMENT

In the event my child is injured or becomes ill in Program activities, and if I, the parent or guardian of the above- named child, am not present to make medical decisions, I hereby authorize RCF, its staff, volunteers including volunteer parent participants, coaches, assistant coaches, and referees, supervisors and drivers, to arrange for and consent on my behalf to emergency medical and dental care and treatment including tests and radiological exams, and surgery, and hospital care and treatment, and consent to medications for pain and other conditions as prescribed by medical personnel attending my child.

### MEDIA PERMISSION

I understand that personnel associated with RCF and its athletic program may take photographs and video footage of the child during the course of the RCF Basketball Program for use in RCF social media accounts, RCF website, and in other RCF promotions and print media. I grant RCF permission to publish such materials in manners they deem appropriate.

### AGREEMENT WITH TENETS OF ROCKET CITY FALCONS BASKETBALL

I, the parent or guardian of the player, hereby agree with this athletic program as described in its charter. I understand that the purpose of the RCF BP is to provide a challenging, fun, yet competitive program, thus coaches will attempt to allow each player to play some portion of each game, however, there are no minimum playing time requirements. I accept responsibility to see that my son or daughter attend all practice sessions, and communicate with coaching staff when circumstances prohibit attendance. Since our program is self-funded, I agree to pay applicable fees as well as participate in fundraising to the extent possible. Finally, I recognize that certain behavior detracts from God's honor, and the spiritual development of the team and each participant. Therefore, in addition to the Rules and Conducts specified in the RCF Player Agreement, I hereby submit myself and family members to the conduct guidelines specified and will follow basic prohibitions during the conduct of all team activities: using words that demean any participant; swearing or cursing, arguing with game officials or coaches; reckless driving to and from events; consumption of alcohol or tobacco before or during an athletic event, or in transit thereafter; and other negative activities that may be agreed upon by parents, coaches, and the RCF BP.

**My signature below indicates that all information provided in this form is true and accurate, and that I fully acknowledge and agree to all statements made on the form, including but not limited to the Purpose, Application Information, Authorization and Release of Liability, Participation and Safety, and Consent to Medical Treatment. My signature also indicates that all legal guardians are aware and consensual with the participation of the above-named child and that I am agreeing that my child and I as a parent/guardian will abide by the Rules of Conduct as put forth in the RCF Athletics Rules of Conduct.**

Parent/Guardian Signature of Consent: \_\_\_\_\_ Date: \_\_\_\_\_

Child Signature: \_\_\_\_\_ Date: \_\_\_\_\_