



SENIOR WOMEN'S BASKETBALL ASSOCIATION 2018 MEMBERSHIP APPLICATION

Name: [] Date of Birth: []

Address: [] City: [] Zip: []

Home Phone: [] Cell Phone: []

Email Address: []

Emergency Contact Name: [] Emergency Contact Phone: []

MEMBERSHIP DUES (Membership valid Jan. 1, 2018 thru Dec. 31, 2018) - Select One Below:

Player / Member: [] \$55 (before 1-31-18) [] \$60 (after 2-1-18) [] \$65 (after 3-1-18)

Associate Member (for those who are inactive): [] \$30 [] PayPal

Age 80+: [] Free Membership (after one-year membership paid)

Donation: I wish to make a tax-deductible donation to the SWBA General Fund and/or Grant Fund:

General Fund in the amount of: \$ [] Grant Fund in the amount of: \$ []

(Grant Fund: Each year SWBA offers grants to high school students who want to attend a summer basketball camp.)

Make checks payable to: SWBA TOTAL enclosed: \$ []

ETHICS / CODE OF CONDUCT

When representing the San Diego Senior Women's Basketball Association, I agree to conduct myself in an honest and dignified manner, show courtesy and respect for all aspects of senior basketball; i.e. the rules of the games, the coaches, the officials and my fellow team mates and opponents. Inappropriate conduct has no place in sports and will not be tolerated. This can be defined as any act or action that pertains to violent conduct (attempting and/or succeeding in striking, assaulting) and any abusive or negative language (swearing, taunting) toward another person. The SWBA reserves the right to suspend membership of any player involved in such action.

I have read and agree to abide by the Association's Ethics/Code of Conduct. [] Initials

AMATEUR ATHLETIC WAIVER & RELEASE OF LIABILITY

1. In consideration of being allowed to participate in any way in the SENIOR WOMEN'S BASKETBALL ASSOCIATION athletic/sports program, related events and activities, I, [] the undersigned acknowledge, appreciate, and agree to the following:

Waiver & Release of Liability

Assumption of Risk: The undersigned hereby acknowledge and agree that I understand the nature of the sports program; That I am qualified, in good health, and in proper physical condition to participate therein; that there are certain inherent risks and dangers associated with the sports program; and that, except as expressly set forth herein, I, knowingly and voluntarily, accept, and assume responsibility for each of these risks and dangers, and all other risks and dangers that could arise out of, or occur during, my participation in the sports program.

Release and Waiver: The undersigned and on behalf of my heirs, assigns, personal representatives and next of kin hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the Senior Women's Basketball Association and its member institutions, or any subdivision thereof, and each of them, their officers, members, other participants, sponsors, advertisers, and if applicable owners, lessors and employees of premises used to conduct the event, (collectively, the "Releases"), from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, my participation in the sports program, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Indemnification and Hold Harmless: The undersigned for myself and on behalf of my heirs, assigns, personal representatives and next of kin also hereby agree to INDEMNIFY, DEFEND AND HOLD the Releases HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to my participation in the sports program, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

2. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately;

I have read this release of liability and assumption of risk agreement, fully understand its terms, and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement. My signature authorizes medical treatment. I also hereby consent to and authorize the use and reproduction of photos and videos taken for promotional purposes.

PLAYER / APPLICANT Signature: [] Date: []

MAILING ADDRESS: SWBA P. O. BOX. 711381 S.D. CA. 92171 slc 10/20