

## North Georgia Mountaineers AAU Basketball Team Waiver & Release of Liability

**Participant Name:** \_\_\_\_\_

**Parent/Guardian Name (if under 18):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Acknowledgment of Risk & Assumption of Liability** I, the undersigned, acknowledge that participation in the North Georgia Mountaineers AAU Basketball Team involves inherent risks, including but not limited to bodily injury, illness, permanent disability, and death. I understand that these risks may arise from the actions or inactions of myself, my child, other participants, or third parties, as well as from the conditions of the facilities, equipment, or other factors.

I voluntarily assume all risks associated with my/my child's participation in practices, games, tournaments, and travel associated with the team, including activities held at Dawson County School facilities and throughout Atlanta and the Southeast.

**Release and Waiver of Liability** In consideration for being allowed to participate in the North Georgia Mountaineers AAU Basketball Team, I hereby release, waive, and discharge Stephen Weed, the North Georgia Mountaineers, Dawson County Schools, coaches, staff, volunteers, and any affiliated organizations from any and all liability, claims, demands, actions, or causes of action arising out of any loss, damage, injury, or harm sustained during participation in team activities.

I further agree to indemnify and hold harmless the above-mentioned parties from any claims arising from my/my child's participation, including but not limited to legal fees, costs, or judgments incurred as a result of such claims.

**Medical Authorization** In the event of a medical emergency, I authorize the North Georgia Mountaineers staff and representatives to obtain necessary medical treatment for me/my child. I acknowledge that I am responsible for any medical costs incurred as a result of such treatment. I also certify that I/my child is physically fit to participate in competitive basketball activities and has undergone a sports physical within the past 12 months with no known medical conditions that would prevent safe participation.

**Insurance Acknowledgment** I understand that the North Georgia Mountaineers provide liability insurance coverage for the team but do not offer personal medical insurance for participants. I acknowledge that I am responsible for any medical expenses not covered by my own insurance in the event of an injury.

**Code of Conduct Agreement** As members of the North Georgia Mountaineers AAU Basketball Team, we understand that we are representatives of Dawson County and Dawson County Schools. As such, all players, coaches, and parents are expected to uphold the highest standards of sportsmanship, respect, and integrity.

1. **Respect for Others** – All players, coaches, and parents will show respect to teammates, coaches, referees, opponents, and spectators at all times.
2. **Commitment to the Team** – Players are expected to attend all practices, games, and team events unless excused by a coach.

3. **Sportsmanship** – Arguing with referees, inappropriate gestures, or unsportsmanlike behavior will not be tolerated and may result in disciplinary action.
4. **Academic Responsibility** – As student-athletes, players must maintain good academic standing and meet school requirements.
5. **Facility Respect** – We practice at Dawson County School facilities and are responsible for keeping the areas clean and respecting all property.
6. **Social Media Conduct** – Players and parents must avoid any negative, inflammatory, or derogatory posts about the team, other players, referees, or opponents.
7. **Zero Tolerance for Substance Abuse** – The use of drugs, alcohol, or tobacco is strictly prohibited and will result in removal from the team.
8. **Parental Conduct** – Parents are expected to support their children positively and avoid disruptive behavior during games and practices.

Failure to comply with this Code of Conduct may result in suspension or dismissal from the team at the discretion of the team director.

**Photography & Media Release** I grant permission for photographs and videos taken during team activities to be used for promotional purposes, including social media, websites, and other marketing materials. If I do not consent, I will submit a written objection to the team director.

**Acknowledgment & Signature** By signing below, I confirm that I have read and fully understand this waiver and release of liability. I acknowledge that I am signing this document voluntarily and that it is binding upon me, my child, my heirs, executors, administrators, and assigns.

**Participant's Signature:** \_\_\_\_\_

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

**Parent/Guardian Signature (if under 18):** \_\_\_\_\_

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

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_