

W.A.R. Athletics

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Parent's name: _____

Child's name: _____

Address: _____

Birthdate of Child: _____

I _____ hereby assume responsibility of any risk my child may incur from participating in activities of W.A.R. Athletics basketball.

I certify that my child is physically fit for participation in these types of activities and has not been advised not to participate by any qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child's participation in this activity.

I acknowledge that this will be used by the event holders, sponsors and organizers of the activity in which my child participates and that it will govern my actions and responsibilities at said activity.

I hereby take responsibility for having or obtaining the appropriate insurance for my child.

- A. I WAIVE, RELEASE AND DISCHARGE W.A.R. Athletics from any and all liability resulting from travel to and from athletic events and participation in these events.
- B. INDEMNIFY, HOLD HARMLESS AND PROMISE NOT TO SUE the entities or persons mentioned in the below paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by negligence or release or otherwise.

I acknowledge that W.A.R. Athletics and its president, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including , but not limited to , participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment in the event of an emergency which may be deemed advisable in the event of an injury, accident, and/or illness during this activity.

I understand while participating in this activity, my child may be photographed. I agree to allow his/her photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND **A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

Parent/Legal Guardian Signature: _____ Date _____

Player's signature: _____ Date _____