

Medical Release/Liability Waiver:

EMERGENCY MEDICAL AUTHORIZATION AND LIABILITY RELEASE

RELATING TO EMERGENCY MEDICAL TREATMENT. The participant represents that a physician has found him/her physically capable of participating in youth basketball. I and my parent/guardian give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide me with emergency medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I and my parent/guardian also agree to release, hold harmless, and indemnify Terminators Select Basketball and its coaches, managers, officers, directors, and agents from all liability, loss, cost, claim or damage whatsoever, including death or damage to property related to or caused by the provision of emergency medical treatment, including necessary transport to a medical facility.

GENERAL LIABILITY RELEASE. I and my parent/guardian fully understand that I will be engaging in activities that involve risk of serious injury, including permanent disability or death which might result from my conduct, the conduct of others, the rules of play, and the condition of the premises and of any equipment used, and from other unknown risks not reasonably foreseeable at this time. With a full understanding of the discharge, promise to indemnify and not to sue Terminators Select Basketball or the AAU, its affiliated organization and its coaches, managers, officers, directors, and agents, including the owners of the premises used to conduct all basketball activities from all liability to me, my parents/guardians, my next of kin and my heirs for as long as I should be a participant of or associated with the program.

I UNDERSTAND THAT BY SIGNING BELOW I AND MY PARENT/GUARDIAN ARE GIVING UP SUBSTANTIAL LEGAL RIGHT AND VOLUNTARILY AGREE TO DO SO.

Parent or Guardian Signature

Date

Participant/Player Signature

Date

Physician's name and telephone number