DASKETBALL ATTS DEST

Individual Player Waiver Form

Name:	Gender: Female Male
Date of Birth:	
Address:	
Home Phone: Work:	Cell:
Email:	
Emergency Contact & Phone: Medical Information: Please list below any medical conditions and/or	
·	
Consent and Liability Waiver - Release	of all claims (must be signed to participate)
I, (parent/guardian), am the	parent or legal guardian of
(minor child). As lawful consideration for being perm	nitted to participate in Basketball at its Best league I
agree that I will not make a claim against, sue, attach	the property of or prosecute Thornton High School
and all game facilities and their agents, sponsors and a property damage which I may sustain as a result of m	Employees for damages for death, personal injury or
release is intended to discharge in advance Basketball	at its Best and its agents, sponsors and employees
from and against any and all liability, including for ne	
basketball foundation, Basketball at its Best and their	
UNDERSTAND THAT SPORTS INVOLVE PHYSI	
SERIOUS ACCIDENTS OCCASIONALLY OCCUR	
THAT PARTICIPANTS IN SUCH SPORTING ACT PERSONAL INJURIES (INCLUDING DEATH) AN	
CONSEQUENCE THEROF, KNOWING THE RISK	S OF PARTICIPATION NEVERTHEI ESS I
HEREBY AGREE TO ASSUME THOSE RISKS AN	D TO RELEASE AND HOLD HARMLESS
BASKETBALL AT ITS BEST AND ITS AGENTS,	SPONSORS AND EMPLOYEES WHO (THROUGH
NEGLIGENCE OR CARELESSNESS) MIGHT OTH	IERWISE BE LIABLE TO ME (OR MY HEIRS OR
ASSIGNS) FOR DAMAGES.	
I attest that I am eighteen (18) years old or older, am ph	sically fit and have no known medical conditions which prohibit
participation in this sport. I agree to follow all laws, rules, and guid	lelines regulating the conduct of the sports league. I understand
and agree that I am solely responsible for the mechanical and/or op- agree to continuously inspect and maintain that equipment, even if	rating condition of any and all sporting equipment I use; and I
their agents, sponsors and/or employees.	. Mayo obtained any of the equipment from Daskotolin at its Dest,
	ND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE
THAT THIS IS A RELEASE OF LIABILITY AND A CONTRAC THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAV	T BETWEEN ME AND BASKETBALL AT ITS BEST AND E SIGNED IT ON MY OWN ER EF WILL
I also agree that Basketball at its Best and its agents, spo	
promotions.	nsons and employees may use my photograph in mure
Signature:	Date:
Daint No.	