

Amateur Minor Athletic Waiver and Release of Liability

In consideration of being allowed to participate in any way in Woodstock Travel Basketball Association athletics/sports program, and related events and activities, the undersigned:

1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.
4. Release, waive, discharge and covenant not to sue Woodstock Travel Basketball Association, its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (print): _____ Medical Needs: _____

Name of Parent/Guardian (print): _____ Allergies: _____

Parent/Guardian Relationship (print): _____ Date: _____

Signature of Parent/Guardian: _____

Telephone Number of Parent/Guardian: _____ Mobile: _____

Email Address of Member/Participant: _____

Street Address of Member/Participant: _____

Birthday of Member/Participant: _____ Grade: _____ Age: _____ School: _____

Reversible Jersey Size: _____ Short Size: _____

Amount Paid: _____ **Balance Due:** _____ **Check#/Cash:** _____ **Date:** _____

Paid in Full: _____ **Check#/Cash Amount:** _____ **Date:** _____ **Initials:** _____