



B-Ball for Life Foundation, Inc.

In loving memory of Alfred "WILL"iam Lee III

*Dedicated to assisting student athletes and raising funds for pediatric brain cancer research, cure and support
501(c)3 Non-Profit Organization*

Permission Form Waiver

I _____, the parent of _____ ("my child"), give permission for my child to attend the **B-Ball for Life Foundation, Inc. HBCU College Tour.**

I understand that personal injury can and may occur to my child, and I hereby authorize **April B. Lee**, and/or another appointed Chaperone, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release **B-Ball for Life Foundation, Inc.**, its agents, chaperones and volunteers, from all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

I give permission for my child to ride in any vehicle designated by **B-Ball for Life Foundation, Inc.**, its agents and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of **B-Ball for Life Foundation, Inc.**, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all the above stated.

_____ (Parent Signature)

_____ (Date)

_____ (Emergency Contact Name and Phone Number for the Duration of the Trip)