



**2017 B-Ball For Life Foundation
Basketball Skills and Drills Clinic
Individual Player Waiver Form**

Individual players' waivers **MUST** be submitted before participating.

Mail to:

P.O. Box 432 Williamstown, NJ 08094 or

email to will.lee05@bballforlife.org

Call 609-513-0451 if you have questions

Name: _____

Gender: (Circle)

Female

Male

Date of Birth: _____

Parent's Work/Cell Phone: _____

Email: _____

Emergency Contact: _____

Phone Number: _____

Medical Information

Please list below any medical conditions and/or allergies that you think we should know about

**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 permitted to participate in the B-Ball for Life Foundation, Inc. clinic I agree that I will not make a claim against, sue, attach the property of or prosecute B-Ball for Life Foundation, Inc. and their agents, sponsors and volunteers for damages for death, personal injury or property damage which I may sustain because of my participation in this sporting activity. This release is intended to discharge in advance B-Ball for Life Foundation, Inc. and their agents, sponsors and volunteers from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the clinic except for liability that may arise out of the willful or wanton misconduct of B-Ball for Life Foundation, Inc. and their agents, sponsors and volunteers.

I further understand that sports involve physical contact between players, that serious accidents occasionally occur during such sporting activities, and that participants in such sporting activities occasionally sustain serious personal injuries (including death) and/or property damage, therefore, knowing the risks of participation, nevertheless, I hereby agree to assume those risks and to release and hold harmless B-Ball for Life Foundation, Inc and their agents, sponsors and volunteers who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages.

I attest as the parent/ guardian of a minor child and/or am eighteen (18) years old or older, attest am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the sports league, camp or clinic. I understand and agree that I am solely responsible for the mechanical and/or operating condition of any and all sporting equipment I use, and I agree to continuously inspect and maintain that equipment, even if I have obtained any of the equipment from B-Ball for Life Foundation, Inc. and their agents, sponsors and volunteers.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND B-BALL FOR LIFE FOUNDATION, INC AND THEIR AGENTS, SPONSORS AND VOLUNTEERS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Player Name: _____
(Print)

Player Signature: _____

Date: _____
(only if 18)

Parent/Guardian Name: _____
(Print)

Parent/Guardian Signature: _____

Date: _____