

Columbia Interfaith Basketball League

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the COLUMBIA INTERFAITH BASKETBALL LEAGUE youth sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and the next of kin, HEREBY RELEASE AND HOLD HARMLESS the COLUMBIA INTERFAITH BASKETBALL LEAGUE their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHEATHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____ DATE SIGNED: _____

FOR PARTICIPANTS OF MINORITY AGE
(BELOW THE AGE OF 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

X _____ DATE SIGNED: _____

Emergency Phone Number: _____

EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name _____ Nickname _____

Address _____

Phone _____ Email _____

Father's Name _____

Address _____

Phone _____ Email _____

Employer _____ Work Phone _____

Mother's Name _____

Address _____

Phone _____ Email _____

Employer _____ Work Phone _____

Family Medical Insurance:

Carrier _____ Group _____

Policy # _____ Group # _____

Family Physician's Name _____

Physician's Address _____

Physician's Phone _____ Email _____

Allergies (list) _____

Medical Conditions (list) _____

I/we hereby grant consent to any and all health care providers designated by The Columbia Interfaith Basketball League to provide my child _____ any necessary medical care as a result of any injury/illness.

This consent includes First Aid and transportation to/from health care providers.
Guardian's Signature _____ Date _____

IMAGE RELEASE

In consideration of participation in the Columbia Interfaith Basketball League, the undersigned agrees that their likeness, or the likeness of their child/ward, may be photographed or videotaped and that such images may be published in and outlet used to promote or publicize the sports program.

Parent/Guardian Signature _____ Date _____