

HOOPS Basketball

Players Waiver/Liability Agreement

1. I assume all risks incidental to participation in the HOOPS program and agree to hold harmless the HOOPS basketball program, the organizers, coaches, referees, facility owners and operators, any qualified physician, EMT, participants or persons transporting my children. I understand that any injury that may arise out of participation in the HOOPS basketball program must be reported to the coach or team official as soon as possible but no later than 24 hours after the injury occurred.
2. I acknowledge and represent that my children are in sound physical condition able to participate in this sport. In the event of an injury to my child, I hereby grant the authority to any qualified physician or EMT to render such emergency medical treatment, as they deem necessary under the circumstances. I also grant permission to any responsible person to seek medical assistance in the event of any injury.
3. I understand that I bear the responsibility (financial or otherwise) of any property damage caused by myself or my child.

Parent/Guardian Signature_____

Parent/Guardian Printed Name_____

Names of registered children_____