WAIVER & MEDICAL RELEASE

BASKETBALL / CHEER INDIVIDUAL WAIVER

One form per participant. A parent or guardian must sign for any participant under 18.

Participant Name **Age**

Team / Squad Name

Address

City / State / Zip

Parent / Guardian (if under 18) **Phone**

Emergency Contact Name **Phone**

ASSUMPTION OF RISK

I understand that participation in basketball, cheer, and dance activities carries an inherent risk of injury, including but not limited to sprains, fractures, and other physical injury. I voluntarily assume all such risks known and unknown for myself or the participant named above.

MEDICAL AUTHORIZATION

In the event of injury or illness during the tournament, I authorize tournament staff and medical personnel to obtain emergency medical treatment for the participant named above if a parent or guardian cannot immediately be reached. I understand I am responsible for any costs of medical treatment not covered by insurance.

LIABILITY RELEASE

I release the Housing Authority of Bowling Green, SERC-NAHRO, tournament staff, volunteers, and venue owners from liability for injury, loss, or damage arising from participation in this tournament, except for injury caused by their gross negligence or intentional misconduct.

PHOTO / MEDIA RELEASE

I grant permission for the participant named above to be photographed or filmed during the tournament, and for those images to be used in tournament promotion, the tournament website, and related materials.

CODE OF ETHICS ACKNOWLEDGEMENT

I have read and agree to follow the tournament Code of Ethics included in this packet.

Participant Signature (if 18+) **Date**

Parent / Guardian Signature (if under 18) **Date**

Printed Name of Parent / Guardian