

SURPRISE BLAZE CLUB BASKETBALL

PARTICIPANT RELEASE AGREEMENT

Date: _____

Full Name

BOTH applicant, participant and parent/guardian (UNDERSIGNED) must read carefully, initial on lines following each paragraph and sign at the bottom.

Notice:

Undersigned is fully aware that basketball (ACTIVITY) as taught and sponsored by Surprise Blaze Club Basketball (ORGANIZATION) is a contact sport and that participating in among other events, practices, games, tournaments and camps for this sport will be a dangerous activity involving a great risk of injury. Activity also includes non-basketball related events. _____

Risks Assumed:

Undersigned understands that the dangers and risks of learning, competing in or practicing for the activity include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons and other parts of the muscular skeletal system, and serious injury or impairment to other parts of the body, general health and well being. Undersigned understands that the dangers and risks of contests or practicing for the activity may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Undersigned understands that he or she assumes risk of injury by participating in Organizations program. _____

Hold Harmless:

In consideration or permitting Undersigned to take instruction and to engage in all activities related to the organization's program, including but not limited to trying out, practicing, or competing, Undersigned hereby assumes all the risks associated with such activities and agree to hold harmless the organization and Impact Basketball, their employees, agents, representatives, coaches and volunteers from any and all liability, actions, cause of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the organization's program. _____

Release of Liability:

The terms hereof shall serve as a release of liability and assumption of risk on the part of the Undersigned and his or her heirs, executor, administrator, assignees, and for all members of my family. Undersigned agree that neither the organization, nor the employees or volunteers of said organization shall in any way be held liable for any accident or injury in any way received on account of, or while engaged in, or traveling to or from, any activity sponsored by said organization. Undersigned further agree that neither the aforementioned organization nor any of its employees, volunteers or students shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries. _____

Health Statement:

Undersigned verifies that participant listed below is in good health and is able to participate in the activity described above. _____

Authorization and Consent for Medical Attention:

I/we the undersigned parent, parents or legal guardian of the above named minor, do hereby authorize in the event of an injury, accident, or illness, Surprise Blaze Club Basketball, its coaches, team representatives, directors, officers, agents, and assignees to seek and obtain care and medical treatment as shall be necessary under the circumstances. I/we hereby authorize and direct the above named to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my aforementioned agents to give specific consent to any and all such diagnosis which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document.

Medical Information:

Preferred Doctor: _____

Doctor: _____

Phone: _____

Family Medical Insurance: _____

Group ID or Membership #: _____

Name of Participant: _____

Name of Parent/Legal guardian Email: _____

City: _____

Signature or Participant Date Signature of Parent/Legal Guardian

Phone () _____ - _____ Zip Code

