GLORIA J. PARKS

SUMMER SLAM 2019

WAIVER AND RELEASE OF LIABILITY

PLAYER:_____TEAM:_____

BIRTHDATE: _____ GRADE:_____

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME:_____TELEPHONE:_____

PARENT/GUARDIAN NAME:_____TELEPHONE:_____

EMERGENCY CONTACT:

NAME:_____RELATIONSHIP:_____

TELEPHONE:_____

NAME:_____TELEPHONE:_____

TELEPHONE:_____

I understand that any cost incurred for emergency medical, surgical, or dental treatmemnt shall be my sole responsibilty.

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? **Yes** **No**

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I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation. For and in consideration of my child being permitted to participate in **GJP** and its affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions, or causes of actions against the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital. In case of an emergency for which I cannot be reached, please contact:

I have read all of the foregoing and am fully aware of the legal consequences of signing this document.

_____

SIGNATURE OF PARENT/GUARDIAN DATE

_____ I approve pictures, video recording, etc. to be taken of my child at the tournament and to
(initial) be used in marketing efforts and publications, including social media.