



**OSHKOSH NORTH GIRLS BASKETBALL
WAIVER AND RELEASE AGREEMENT**

In consideration for being permitted by the above club to participate in all club activities, I hereby waive, release, and discharge any and all claims for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activities. This release is intended to discharge in advance the above club (its officers, coaches, board members, volunteers, and agents), from any and all liability arising out of or connected in any way with my participation in club activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that basketball involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activities.

PARENTAL CONSENT: (To be completed and signed by parent/guardian)

I hereby additionally consent that my daughter, _____, may participate in the above activity and I hereby execute this WAIVER AND RELEASE on her behalf. I state that said minor is physically able to participate in basketball. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense, which they may occur as a result of the death or any injury or property damage that said minor may sustain while participating in said activities.

I understand that no medical insurance is provided and that no refunds will be given. I further understand that photographs and video may be taken of my daughter during the course of the said activity and that these photographs and video may be used for Oshkosh North Girls Basketball publicity purposes.

I have carefully read this Waiver and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Oshkosh North Girls Basketball. I sign it of my free will.

Signature of Parent/Guardian _____ Date _____

Print Name _____

PARTICIPANT EMERGENCY INFORMATION (Print in black ink)

Name _____ Birth date _____ Age _____ Sex _____ Home # _____

Address _____ City _____ Zip _____

Mom's Name _____ Work # _____ Cell # _____ Page # _____

Dad's Name _____ Work # _____ Cell # _____ Page # _____

Family Doctor _____ Phone _____

Health Plan _____ Card # _____ Other Med Info _____

Dentist _____ Phone _____

Emergency Contact _____ Phone _____ Relationship to child _____ (other than parent)

List any allergies, health problems or physical limitations for child or parent that we should be aware of: _____

This form MUST be completed and returned to your team representative before minor may participate.