PARTICIPATION WAIVER:

I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in basketball necessarily involves travel, contact with considerable force, and risk of severe, permanent physical injury including, and not limited to bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis, COVID-19 or other medical conditions, diseases, or maladies and death. For myself, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all such risk. For myself and on behalf of the above player, I further acknowledge that the Twinsburg Recreational Basketball League (TRBL) is primarily administered by volunteers rather than paid professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if he/she or I observe any unusual and/or significant concern in his/her readiness for participation and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest coach or official immediately and also of the division commissioner as soon as possible thereafter. In consideration of accepting the registration and permitting the voluntary participation of the above-named participant in its programs, for myself and on behalf of the above player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless TRBL, its volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any TRBL-sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time. I understand that any information provided in this application that is determined to be falsified to gain special access or favor for my child may result in the removal of my child from the league. Please refer to the Download section of the TRBL website for Code of Ethics, concussion policy and other important documents related to the TRBL.

EMERGENCY AUTHORIZATION

\*I, the undersigned parent or legal guardian of the above player, a minor, hereby authorizes the coaches, team, parents, the above-identified Emergency Contact and/or other TRBL officials to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment.\* \*I HAVE READ THE ABOVE DISCLAIMER , ASSUMPTION OF RISK AND WAIVER , AND EMERGENCY AUTHORIZATION AGREEMENTS , FULLY UNDERSTAND THE TERMS OF EACH , UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS , AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF AND ON BEHALF OF THE ABOVE PLAYER .\*

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (Print Name):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_.