

Waiver of Liability and Consent for Treatment - 2025

Name of Player _____ Player's Age _____
Home Address _____ City _____ State _____
Family Physician _____ Phone (____) _____
List any Allergies _____
Required Medication _____
Health Insurance Company _____
Health Insurance Policy No. _____

Maricopa County, State of Arizona, Gotta Believe Athletic Club, and their respective sponsors, directors, supervisors, instructors, agents, and employees are hereby released and discharged from any suit of injury, illness, COVID-19, or damage to personal property during the course of this event or program except that resulting from gross negligence and or intentional conduct thereof. I hereby covenant to indemnify and hold harmless the foregoing from any losses or damages, including reasonable attorney fees, which may be incurred in the event of any such claims asserted against them or any of them. In case of accident or illness, I hereby authorize attending staff to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____
(Parent or Guardian)

Primary Contact _____ Cell Phone (____) _____
Contact #2 _____ Cell Phone (____) _____
Contact #3 _____ Cell Phone (____) _____

(Parents/Guardians will be notified in case of serious illness or injury as quickly as they can be reached, but this form will make immediate treatment possible.)

Photo Release Permission

I permit photographing my child during camp/tournament participation for publicity use and/or news release.

___ Yes
___ No

