

Dundee-Crown/Dundee Township Park District Feeder Basketball League 2018 Waiver Form.

(It is the responsibility of **each team's Coach/Representative** to make sure this form is completed by each player & signed by each parent/guardian and turned into the Dundee Township Park District.)

Last Name (Childs) _____ First Name _____ Birth Date _____

Feeder Team/School _____ Grade _____

Father's Name _____ Cell Phone _____ Bus. Phone _____

Mothers Name _____ Cell Phone _____ Bus. Phone _____

Does your child now have or has ever had any medical conditions that would be aggravated by her participation in this basketball league? Such medical conditions would include but not limited to asthma, diabetes, upper respiratory disease, heart condition, and epilepsy. Check one: YES NO

IF YES GIVE DETAILS: _____

IN CONSIDERATION OF MY CHILD WHO HAS BEEN SPECIFIED ABOVE ('MY CHILD', being allowed to participate in any way in the **DUNDEE TOWNSHIP PARK DISTRICT FEEDER LEAGUE** ("LEAGUE"), RELATED EVENTS AND ACTIVITIES THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES AND AGREES THAT:

1. THE RISK OF INJURY TO MY CHILD FROM THE ACTIVITIES INVOLVED IN THE LEAGUE IS SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT AND PERSON DISCIPLINE MAY REDUCE THIS RISK FOR SERIOUS INJURY DOES EXIST. IF NECESSARY CONSENT IS HEREBY PROVIDED FOR ANY MEDICAL TREATMENT IF SUCH IS REQUIRED; AND
2. For myself, spouse, and child, I knowingly and freely assume all such risks BOTH KNOWN AND UNKOWN EVENT IF ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERS AND ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION; AND,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation, If I observe any unusual significant concern in my child's readiness for participation and/or league itself, I WILL REMOVE MY CHILD FROM THE PARTICIPATION AND BRING SUCH ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY; AND,
4. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND AGREES NOT TO SUE THE LEAGUE, **THE DUNDEE TOWNSHIP PARK DISTRICT GIRLS FEEDER LEAGUE, DISTRICT 300, DUNDEE-CROWN HIGH SCHOOL, CHARGER BASKETBALL ASSOCIATION**, nor their owners, officers, agents, servants, employees, or any person or entity connected with the League, the other participants, any sponsoring agencies sponsors, advertisers, and if applicable, owners and lessons of pf premises used to conduct the league or ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY AND DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO MY CHILD'S INVOLVEMENT OR PARTICIPATION IN THIS LEAGUE, WHICH I HAVE OR MAY HAVE IN THE FUTURE, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
5. I for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY HOLDS HARMLESS FULLY INDEMNIFY AND RELEASE all above Releases for any liabilities, claims, damages, costs, including attorney fees and cause of action which may arise from any chain or cause of action made be met through me or NEGLIGENCE, TO THE FULLEST EXTEND PERMITTED BY LAW. I HAVE READ THESE TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AGREE TO ABID BY THEM AND SIGN IF FREELY AND VOLUNTARILY WITHOUT AND INDUCMET>

(PARENT/GAURDIAN SIGNATURE)

(PRINT NAME)

_____/_____/_____
DATED

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participation in this program, my personal responsibility for adhering to rules and regulation, and accept them as a participant.

(Player Name Printed)