Wavier Form 20__

Participant Information _____

Name: _____ Age: _____ DOB: _____

Address: _____

Email: _____ Phone # _____
Emergency Contact

Name: _____ Phone # _____

Name: _____ Phone # _____

Permission for Publicity
On occasion, Team Groundhog Basketball Club takes photographs or makes an audio or video recording children, youth and/or adults involved in our program activities for the use of promotion. I consent to the use of any such audio or video record of the one named above to be used, distributed or displayed as agents of the organization (Team Groundhog Basketball).

☐ I give permission for publicity ☐ I do not give permission for publicity

_____

Release of Liability

Participant over the age of 18
  By signing this waiver form, I acknowledge that I am physically and mentally able to participate in youth group activities, unless I have already discussed it with one of the leaders. I acknowledge that there are certain risks involved in activities.
  I release Team Groundhog Basketball Club, its affiliates, and volunteers, of all responsibilities for any injuries, to body or property, which may occur to my child during the course of these activities. In the event of an emergency in which, I or the alternate contact, cannot be reached, I authorize the adult leaders to make medical decisions for my child, and to administer first aid if deemed necessary.
  I further agree to indemnify and hold harmless Team Groundhog Basketball Club and its affiliates, volunteers, and staff of any and all claims arising from the participation of my child in activities or as a result of injury or illness of my child or mine during such activities.
  I represent that I am the participant, or the parent/guardian of _____, who is under 18 years of age. I have read the Permission/Wavier Form and I am fully aware of its contents. I give permission for the child named above to participate fully in the activities of Team Groundhog Basketball Club.
Name of Parent/Guardian (Print): _____
Signature of Parent/Guardian: _____