

Summer League Basketball Waiver Form

Waivers MUST be submitted along with the registration form PRIOR TO the first league game.

Individual Information:

Name: _____

D.O.B.: _____ Grade Level: _____

Jersey Size (Circle One): YS YM YL YXL AS AM AL Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Medical Information:

Please list below any medical conditions and/or allergies:

Consent and Liability Waiver – Release of All Claims (must be signed to participate):

As lawful consideration for being permitted to participate in the Summer League hosted by Madison County High School Boys' Basketball Program, I agree Madison County High School, the Madison County School District, their agents, sponsors, and employees for damages, personal injury or property damage which I may sustain as a result of my participation in these sporting activities. This release is intended to discharge in advance Madison County High School, Madison County School District and their agents, sponsors, and employees from and against any and all liability, including for negligent actions, arising out of misconduct of Madison County High School, Madison County School District and their agents, sponsors, and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASSIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTSIN SUCH SPORTING ACTIVITIES OCCASSIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS Madison County High School, Madison County School District and their agents, sponsors, and employees WHO (THROUGH NEGLIGENCE OR CARLESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the summer league.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND MADISON COUNTY HIGH SCHOOL/MADISON COUNTY SCHOOL DISTRICT, AND THEIR AGENTS, SPONSORS, AND EMPLOYEES AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian of Minor Participant