

FTBB Consent/Waiver/Release

Parent/Guardian/Participant - Participation Consent and Release from Liability

Participant: _____
(please print)

Parent/Guardian: _____
(please print)

As either the Parent or Legal Guardian of the participant named in this document, I hereby give my consent and approval for full participation for my above named child to participate in this Sport/Activity season organized by Five Town Basketball - Five Town Hoop Dreams. I agree to and affirm the terms and conditions in which I electronically agreed to upon registering my child with Five Town Basketball - Five Town Hoop Dreams and the conditions listed within this document.

I understand that there are certain risks of injury inherent in the participation and play of this Sport/Activity, including travel, as well as other related activities incidental to participation and I am willing to assume these risks. I hereby certify that the participant is healthy and has/have no known physical or mental disabilities or infirmities that would restrict full participation in these activities, except as are noted in the participant Emergency/Medical Information form. I have reviewed the Emergency/Medical Information and certify that it is accurate and current to my knowledge. If this information changes during the Sports/Activity season, I agree to notify the organization, Five Town Basketball - Five Town Hoop Dreams, immediately.

For myself, the participant, if applicable, my spouse and our respective heirs and personal representatives, hereby waive any and all claims and causes for injury or loss arising out of or related to participation in the designated Sports/Activity, and the activities incidental thereto, incurred or suffered by me or by the participant or by any other member of my family as a spectator, whether the result be of negligence or any other cause, and I further release and agree to hold harmless the organization, Five Town Basketball - Five Town Hoop Dreams, which includes the board members, parents within the organization, its volunteers, organizations running the Sport/Activity, the municipality where the Sport/Activity is played or conducted, the owners of the various venues where the Sport/Activity is played or conducted, as well as their respective trustees, directors, officers, employees, coaches, volunteers, sponsors, agents and supervisors, from said claims and causes of actions.

I agree and understand that insurance for medical expenses is **NOT** provided by the organization offering this Sport/Activity and is my sole responsibility.

In the event that the participant is injured, and parent/guardian cannot be reached in an emergency, I hereby give my permission to any physician, EMT/Paramedic/Nurse or any other certified health care provider or institution to render or provide necessary medical treatment to myself or the participant, including injections, anesthesia, surgery or hospitalization. Furthermore, I authorize Five Town Basketball - Five Town Hoop Dreams, any of its representatives, so be it coaches, assistant coaches or any of its board members to share the Emergency Medical Information with the medical persons stated above. I hold Five Town Basketball - Five Town Hoop Dreams harmless if any emergency medical information is missing or is inaccurate.

I grant my irrevocable consent for my child or for the participant's likeness and/or voice to be photographed or otherwise recorded in any media/to be posted on the Five Town Basketball - Five Town Hoop Dreams website or any other related media source or outlet.

The parties hereto intend that this Parent/Guardian/Participant Consent to Participation and Release from Liability shall be deemed a binding and enforceable contract.

Parent/Guardian Signature _____

Date: _____