



METRO HOOPERS BASKETBALL RELEASE WAIVER

Name: _____ DOB: ____ / ____ / ____ ☐ Male ☐ Female

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____

Medical Information:

Please list below any medical conditions and/or allergies that you think we should know about:

Consent and Liability Waiver-Release of all claims (must be signed to participate),

I _____ (Parent/Guardian), am the parent or legal guardian of _____ (Child). As lawful consideration for being permitted to participate in the Metro Hoopers Basketball I agree that I will not make a claim against, sue, attach the property of or prosecute Metro Hoopers Basketball for damages for death, personal injury, attracting the **Covid-19 Virus** or property damage which I may sustain as a result of my participation in playing basketball. This release is intended to discharge in advance Metro Hoopers Basketball and his employees from and against any and all liability, including for negligent actions, arising out of or connected in anyway with my participation in Metro Hoopers Basketball except for liability that may arise out of the willful or excessive misconduct of Metro Hoopers Basketball. I further understand that sports involve physical contact between players, that serious accidents occasionally occur during such sporting activities and that participants in such sporting activities occasionally 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 Metro Hoopers Basketball Camp/Clinic and employees who (Through negligence or carelessness) might otherwise be liable to me (Or my heirs or assigns) for damages. 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 Metro Hoopers Basketball Camp/Clinic and I have signed it of my own free will and I also agree that Metro Hoopers Basketball Camp/Clinic may use my photograph in future promotions.

Signature: _____ Date: ____ / ____ / ____

Print Name: _____