

JACKSONVILLE TRAILBLAZERS

PARENTAL PERMISSION/WAIVER FORM

Player's Name _____ In consideration of being allowed to be fully engaged in activities for **Jacksonville Trailblazers Basketball**, I hereby grant my child Permission to participate and Release, Waive, Discharge, and Covenant Not to Sue the **Jacksonville Trailblazers Basketball** coaching staff, program officials, referees, Amateur Athletic Union (AAU), United States Specialty Sports Association (USSSA), Youth Basketball of America (YBOA), sponsoring agencies, tournament host, sponsors, advertisers, directors, volunteers, and any persons involved with the **Jacksonville Trailblazers Basketball** for/from any and all liability, claims, demands, or course of action whatsoever, out of or related to any loss, damage, or injury, including death, that may be sustained by my child/children, or any property belonging to my child/children. While participating in the **Jacksonville Trailblazers Basketball**, or while in, on or upon the premises where the **Jacksonville Trailblazers Basketball** is being conducted, I know, to the best of my knowledge that my child/children is/are in good condition, and I am not aware of any physical, emotional or psychological infirmity which would place my child/children at risk to participate in any way with the **Jacksonville Trailblazers Basketball**. I have gained full knowledge of the activities that are involved with the **Jacksonville Trailblazers Basketball** and I am aware of risks and hazards that could be connected with the **Jacksonville Trailblazers Basketball**. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury, including death, which may be sustained by my child/children In addition to immediately contacting the "Emergency Contact Person" as listed on the initial application and in the event of a medical emergency, I solely give permission to the persons involved with the **Jacksonville Trailblazers Basketball** to call 911 and/or administer appropriate primary medical attention to my child/children in the event of any accident, illness, or injury, as needed. I will be responsible for any and all costs of medical coverage and treatment provided even if it's not covered by my personal insurance. I acknowledge and signify that I have read and understand this waiver and I will sign it voluntarily. I am the parent/guardian of the player listed above and will complete this form for adequate and comprehensive considerations entirely intending to be bound by same.

I Have Read This Parental Permission/Waiver Of Liability Statement And Fully Understand Its Terms; I Will Sign It Freely And Voluntarily Without Any Enticement or personal gains for my child/children to participate in all activities of the **Jacksonville Trailblazers Basketball**.

Print Name of Parent/Guardian

Signature Parent/Guardian & Date