



HEALDSBURG SUMMER HEAT GIRL'S BASKETBALL TOURNAMENT PARTICIPANT WAIVER FORM

Team Name _____

Players Name (please print) _____

Parent/Guardian Name (please print) _____

Home Phone: (_____) _____ Alternate Phone: (_____) _____

EMERGENCY PHONE _____

Doctor _____ Phone _____ Insurance _____ Policy# _____

Liability Waiver/Medical Treatment Consent

I realize that participation in this sport includes the possibility of injury to myself, fellow participants and nonparticipants. I have the basic understanding and skills to participate in this sport. In consideration for my and/or any of my family members' participation in the Healdsburg Summer Heat Tournament that I wish to register for, I voluntarily RELEASE HEALDSBURG LADIES BASKETBALL, the CITY OF HEALDSBURG, HEALDSBURG HIGH SCHOOL AND THEIR OFFICERS, AGENTS, EMPLOYEES AND VOLUNTEERS (hereinafter referred to as "RELEASEES") from any and all liability for injuries or death or property damage to me and/or my family members resulting from, arising out of, or in any way connected with my and/or any of my family members' participation in the Healdsburg Summer Heat Tournament or use of the Healdsburg High School's facilities in connection with this/these program(s). I understand that this WAIVER and RELEASE is applicable even though the negligent activities of the RELEASEES may have contributed to the injury or death or property damage suffered by me or any of my family members participating in this/these program(s). I further agree to INDEMNIFY and HOLD HARMLESS the RELEASEES from and against any and all liability, claims, causes of action, and/or losses of any nature or kind (including litigation-related expenses such as attorney and expert witness fees) resulting from, or in connection with, participation in this/these program(s) whether caused by any negligent act or omission of the RELEASEES. I further understand that serious accidents may occur in the Healdsburg Summer Heat Tournament that I am registering for, that participants in this/these program(s) may sustain mortal or serious personal injuries, and/or property damage, as a consequence of their participation in this/these program(s). Knowing the risks of said event, nevertheless, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS TO THE FULLEST EXTENT ALLOWED BY LAW ALL OF THOSE PERSONS MENTIONED ABOVE WHO THROUGH PASSIVE OR ACTIVE NEGLIGENCE OR CARELESSNESS MIGHT OTHERWISE BE LIABLE TO ME FOR DAMAGES. It is further understood and agreed that this waiver, release, hold harmless and indemnification agreement is to be binding on me, any of my participating family members, and all of our heirs, representatives, and assigns. I hereby authorize qualified physicians to render medical treatment or care that they may deem necessary for me or my family members in case of illness or accident during such program(s).

By my signature below, I signify that I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Parent/Guardian Signature _____ Date _____