

HEATHROW HAWKS BASKETBALL CLUB

WAIVER AND RELEASE

I understand that participation in BASKETBALL SKILLS & DEVELOPMENT TRAINING involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to seek legal action against HEATHROW HAWKS BASKETBALL CLUB or owner/leasers of premises for or from all liability from my participation in and with these and any other related recreational activities or training.

I also understand that HEATHROW HAWKS BASKETBALL CLUB retains the right to use for publicity and advertising, photographs and/or video taken of the participants.

I have given my daughter/son permission to participate in the BASKETBALL SKILLS & DEVELOPMENT TRAINING with HEATHROW HAWKS BASKETBALL CLUB and I certify that she/he is in good health, has been cleared by a physician and can take part in all physical activities not limited to but including training, practices and games. I am aware of all laws, rules and safety procedures regarding head concussions. If an injury occurs, I authorize HEATHROW HAWKS BASKETBALL CLUB to take any action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

If applicable, I understand I will be charged monthly for training sessions on the first Monday of the month for that training month and any league fees are paid in advance. Special circumstances must be discussed in advance with HEATHROW HAWKS BASKETBALL CLUB in order to be taken into consideration or participation can be denied.

___ League

___ Training

Player Name (printed)

Player Mobile Phone

Parent or Legal Guardian Signature (If player minor)

Date

E-mail Address

Parent Mobile Phone