TEAM NAME: _____ ***TEAM GRADE:*** _____

COACH NAME: _____ ***DATE:*** _____

BASKETBALL PLAYER WAIVER, RELEASE OF LIABILITY, AND INDEMNIFICATION FORM

We, the undersigned participants (or parents/guardians of participants if she/he is under 18) have reviewed, understand, and agree to the information as follows:

WARNING OF RISK: Basketball is a sport which challenges and engages the physical, mental and emotional resources of each participant. However, despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury and/or illness. Understandably, not all hazards and dangers can be foreseen. The very nature of the game of basketball is hazardous and risky, including but not limited to collisions between players and stationary objects, unnecessary roughness (elbowing, hip checks, undercutting other players in the air, tripping and shoving), slip and falls, attempting a maneuver beyond the player's skill level (i.e. attempting a dunk), poor officiating, improper personal protective equipment, slippery floors, inadequate or unsafe playing conditions, failure in supervision, unsportsmanlike conduct of spectators and players, dangerous/defective court conditions, and all other circumstances inherent to sport of basketball and recreational activities. In this regard, it must be recognized that it is impossible for the Harrisburg School District, the Sioux Falls School District, the Tea School District, Bartlett Basketball Academy, South Dakota Network, Air Madness, the sponsoring organizations, its committee members, and volunteers to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK: I have read this form carefully and am aware that by signing up and participating in this program, I will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, illnesses, damages or loss which I or the minor in my care might sustain as a result of participating in any and all activities connected with and associated with this program. I recognize and acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that may be sustained as a result of said participation. I further agree to waive and relinquish all claims I may have (or accrue to me) as a result of participating in this program against the SESD BBALL Tourney, Harrisburg School District, Sioux Falls School District, Tea School District, Bartlett Basketball, Sacred Hoops Basketball, the sponsoring organizations, its committee members, and volunteers. I do hereby fully release and forever discharge SESD BBALL Tourney, Harrisburg School District, Sioux Falls School District, Tea School District, Bartlett Basketball, Sacred Hoops Basketball, the sponsoring organizations, its committee members, and volunteers from any and all claims for injuries, damages, illnesses, or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above warning of risk, assumption of risk and waiver and release of all claims.

MEDICAL RELEASE: In the event of an emergency, I authorize officials of SESD BBALL Tourney, Harrisburg School District, Sioux Falls School District, Tea School District, Bartlett Basketball, Sacred Hoops Basketball, the sponsoring organizations, its committee members, and volunteers to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care, and agree that I will be responsible for payment of any and all medical services rendered.

Player Name (please print)	**Parent/Guardian Name** (if under 18)	**Phone Number**	**PLAYER'S (Or Parent/Guardian if under 18) SIGNATURE**

REGISTRATION CONTACT Jay Ugofsky (605-310-7160)/ jugofsky@gmail.com **V-S2021 & 2022**