

## Oz Elite Basketball Academy Waiver and Release of Liability

The undersigned participant/parent or guardian of the participant recognizes and acknowledges that activities with the Oz Elite Basketball Inc. involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result from participant action, inactions, negligence of others, the rules of play, or the conditions of the premises or any equipment used thereon. Further, I understand that there may be other risks not known or reasonably foreseeable at this time and that such risks shall be assumed by the undersigned.

In my absence, I authorize the representatives of OEB and or the coach of my (my student-athlete's) team to transport \_\_\_\_\_ to a hospital in case of injury or suspected injury during the times that the above named individual is participating in any event being played or to call for emergency rescue services should they be necessary.

I authorize the attending physician at the hospital to administer necessary emergency medical care to the above named individual upon his/her arrival at the hospital. I will accept responsibility for the payment of any and all treatment provided therein including emergency rescue services, etc.

I further understand the following issues: (1) that I am legally responsible for action of the above named individual including, but not limited to, any damage to private or public property caused by him/her; (2) that I am legally responsible for my own and/or my child's welfare and actions including personal needs and medical expenses; and, (3) that this waiver of liability shall remain in effect through. Finally, I declare that my signature below shall serve as a waiver for all claims against Oz Elite Basketball Inc.; its Board of Directors, volunteers, contracted workers, and the employees or agents thereof. I have read and fully understand the Waiver of Liability and Release provisions contained herein and understand the effect of the relinquishment of the rights, which I hereby waive.

Yes, we agree to let the Oz Sports Basketball Inc. use photos of our student- athlete (if taken) as a part of their marketing material.

No, we do not agree to let the Oz Sports Basketball Inc. use photos of our student-athlete (if taken) as a part of their marketing material.

### Health Release Form

Player Name: \_\_\_\_\_  
Grade: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Height: \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### OZ ELITE BASKETBALL, INC. PARENTAL WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT FORM

(Please Complete and Return)

I, the undersigned, as the parent or legal guardian of the minor child named below, do hereby give my full consent and approval for my child to participate as a member of the OZ ELITE BASKETBALL, Inc. boys youth team.

I understand that there are certain risks of damages and injuries, including death, inherent in the practice and play of basketball, as well as in traveling in other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. These risks include, but are not limited to, those hazards associated with weather conditions, travel, playing conditions, equipment and other participants.

I understand that sliding into base is dangerous to my child and to other players and may result in serious injury or death.

I understand that the very nature of the game of basketball is hazardous and risky, including, but not limited to, the acts of running, jumping, stretching, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to my child and to other players.

Further, I agree that in consideration for the right to allow my child to participate as a member of OZ ELITE BASKETBALL, Inc. and in consideration for permission to play on the facilities arranged for by the team:

1. On behalf of my child and myself, I do voluntarily elect to accept and solely assume all risks of injury incurred or suffered by my child (a) while practicing or playing as a member of the team, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my child's team, and (c) while on or upon the premises of any and all of the facilities arranged for by OZ ELITE BASKETBALL, Inc. for practice or play.

2. In addition to giving my full consent for my child's participation, I do hereby release, discharge and agree not to sue OZ ELITE BASKETBALL, Inc. and/or its officers, coaches, and team sponsors for any claim, damages, costs including attorney fees, or cause of action which I have or may in the future as a result of injuries or damages sustained or incurred by my child from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released.

I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or

infirmities that would restrict full participation in these activities, except as made known to coaches and officers of the team.

I further agree on behalf of myself and my child listed below, that I shall hold harmless and fully indemnify the parties hereby released from any and all claims, damages, costs including attorney fees, and causes of action which may arise from any cause of action made by me or by, through or on behalf of my child, even if the damages, injuries or death are caused in whole or in part by any of the persons or entities hereby released.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Name of Player (Please Print) \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_

Address of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_