



HS Summer League Release Form

Must be completed by all athletes on roster and signed by parents. Please turn in on June 1st or June 3rd at the first night check in. Subs are allowed from the same school/team if this form is filled out and turned in prior to playing. Parents please sign and date each section in the second section.

Player Name: _____

Player T-Shirt Size: _____

Parent/Guardian Disclosure:

Parent/Legal Guardian Name and Phone Number: _____

The undersigned parent or natural/legal guardian does hereby acknowledge that he/she is aware of the dangers in his/her daughter/son participating in the High School Summer League at West Community Center. _____

Said undersigned parent or natural/legal guardian does hereby represent that he/she is in fact, acting in such capacity and agrees on behalf of the participant and his/her executors, administrators, heirs, next of kin, successors and assigns, to waive, release and discharge from any and all liability for participant's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to participate and his/her estate, West Community Center and the BHJ Coaching Staff. Also, to indemnify and hold harmless West Community Center and the coaching staff from and against all liabilities and claims made by other individuals or entities as a result of participant's participation or actions during tryouts. Lastly, acknowledge that the participant attending the summer league voluntarily, and all risks from injury or the COVID-19 virus have been made clear and the participant does not have any pre-existing conditions that will increase the likelihood of injuries or illnesses. _____

The undersigned further consents to and authorizes medical treatment to the participant which may be deemed advisable in the event of injury, accident or illness during this clinic. This release and waiver shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. _____

I, the undersigned, acknowledge I have read and understand the above clinic waiver. Signed parent/guardian name and date: _____

Insurance Provider: _____ Insurance Group: _____

Insurance Policy Number: _____ Insurance Holder Signature: _____