

Empire Allstars Summer Basketball League – Player Release Form

Dear Parent/Guardian:

Thank you for your interest in the Empire Allstars Summer Basketball League. We are committed to providing a high quality experience for summer basketball. The on site supervisors will do everything in reason to protect participants from injury; injuries may occur and on very rare occasions can be serious and disabling.

Please consult with your physician regarding your child’s eligibility for physical activities. By signing the form below, you are representing that your daughter is in good physical health and that you understand the information stated below.

I , the undersigned , hereby release and forever discharge any all rights and claims for damages, including any claims for loss, damages or injury to my daughter or her personal property arising out of her participation in the Empire Allstars Summer Basketball League – 2015, or the respective officers, agents, representatives, successors and/or assignees of the parties named above, from any and all claims, demands and liability of every kind and nature, legal or occasioned by or arising out of my daughter’s participation in the league.

I recognize the challenges of the events in which my daughter has chosen to participate and she assumes all risk of personal injury, or even death, in connection therewith. I attest that my daughter is sufficiently physically fit to participate safely therein, and that a qualified medical professional has not advised her otherwise.

I have read the previous paragraph and agree that I shall be bound by its terms and conditions. Further, I hereby release the Empire Allstars Summer Basketball League, its staff, agents and representatives, and Mr. David J. Decker of any and all claims which may accrue to me arising out of, or in conjunction with her participation in the league.

I release, waive, discharge and covenant not to sue the Empire Allstars Summer Basketball League, and/or Mr. David J. Decker from demands, losses on account of injury including death or damage to property, caused or alleged to be caused in whole or in part by any and all actions of same.

By signing below, I hereby represent that I have read and understand the above statements and representations and hereby give permission for my daughter to participate in said league.

Also, I hereby give permission, in the event of accident or medical emergency to the certified athletic training staff, league directors and/or appropriate emergency medical staff to provide necessary first aid and medical treatment in my absence.

Name of Player/Participant

Signature of Parent or Guardian

Date