



WAIVER OF LIABILITY/ MEDICAL Authorization and Release Form

(Please print information below.)

Participant Information

Name _____ Date of Birth _____
(last) (first)

Address _____
(street) (town) (state) (zip)

Phone _____

Parent/Guardian Information

Name _____ Relationship to Participant _____
(last) (first)

Address _____
(street) (town) (state) (zip)

Phone _____
(home) (work) (cell)

Emergency Contact Information (in event Parent/Guardian cannot be reached)

Name _____ Relationship to Participant _____
(last) (first)

Phone _____
(home) (work) (cell)

Medical Information

Family Dentist/Orthodontist _____ Phone _____

Family Physician _____ Phone _____

Medical Insurance Company _____ Policy Number _____

For and in consideration of Participant's participation in the Bill Curley Basketball Clinic and or Leagues. Participant and Participant's Parent/Guardian hereby agree to the following terms and conditions:

I. Waiver of Liability: Participant and Participant's Parent/Guardian, individually, and on behalf of their heirs, executors, administrators and assigns, do hereby release, waive, and relinquish, and forever hold harmless, the Clinic, its agents, employees, and Bill Curley, from any and all liability and causes of action for any personal injury, bodily injury, illness, death, loss, or other damages to Participant whatsoever, which arise out of or in any way relate to Participant's participation in the Clinic.

II. Medical Treatment: Participant and Participant's Parent/Guardian authorize the Clinic or its agents, employees, or representatives to obtain emergency medical treatment on behalf of Participant in the event that, in the opinion of the Clinic, Participant is in need of such treatment. Participant and Participant's Parent/Guardian further agree that they will be responsible for the payment of such medical treatment and further release the Clinic or its agents, employees, or representatives for any damages sustained by Participant in connection with the provision of emergency medical treatment. Participant and Participant's Parent/Guardian will indemnify and hold harmless the Clinic for any claims or payment by providers of any such medical care.

I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

Signature of Parent/Guardian _____

Signature of Participant _____