

Level Up Basketball, Inc.
Emergency Medical Release & Liability Waiver

Player's Name _____ DOB _____
 Address _____ City _____ State _____ Zip _____
 Grade/School: _____ High School District: _____ Email: _____

	Name	Home Phone	Work Phone	Cell Phone
Father				
Mother				
Other in emergency				

Medical Information

Other Conditions _____

This waiver and Authorization for Emergency Medical Treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.

I the undersigned parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, of the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants not to sue and/or other wise indemnify Level UP Basketball inc. or sponsoring organizations, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releases", from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant/participant as a result of the applicant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I agree to allow photographs of participants to be taken and used for Level UP Basketball marketing purposes. I also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily.

Parent/Guardian Signature _____ Date _____