

Shasta Magic Athletics -- Basketball

*Liability Waiver*

I, the undersigned, hereby expressly and affirmatively state that I wish my son/daughter to participate in strength and conditioning sessions and/or basketball offered through Shasta Magic Athletics. I realize that his/her participation in these activities involves risk of injury, including but not limited to strains, sprains, soft tissue injury, including serious, disabling injuries that may arise due to participation in these activities and that it is not possible to specifically list each and every individual risk. However; knowing the material risks and appreciating knowing and reasonably anticipating that other injuries and even death are possible, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of death, which could occur by reason of my child's participation in conditioning activities and/or basketball with Shasta Magic Athletics. Shasta Magic Athletics assumes no liability for injury, damage, or death arising from the results of participation in club activities.

I have had the opportunity to ask questions. Any questions I have asked have been answered to my complete satisfaction. I subjectively understand the risks of my child's participation in this activity, and knowing and appreciating these risks, I voluntarily choose for my child to participate, assuming all risks of injury or even death due to participation. I understand that he/she will be participating in activities that include, but are not limited to basketball games and training, balance training, foot agility, jumping, endurance training, and reaction training. Due to the strenuous nature of basketball, it is urged that the athlete consult with his/her physician concerning his/her fitness to participate.

My child is covered by private insurance:

Athlete Name \_\_\_\_\_ Age \_\_\_\_\_ M / F DOB \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

List all health conditions/medication/allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am the parent/legal guardian of \_\_\_\_\_.

I have read, understand, and accept the responsibility outlined in the above waiver and give permission for my child to participate in activities at or through Shasta Magic Athletics. I also consent to emergency medical treatment for my child on my behalf. I further authorize AAU-registered adult of Shasta Magic Athletics to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date