

Monroe Select Basketball Club

Parent Permission Form, Liability Waiver and Release, and Authorization for Medical/Dental Treatment

I, the undersigned, the parent and/or legal guardian of (if Player is a minor, e.g. under 18 years of age), or the person (if Player is age of majority, e.g. 18 years of age or over), _____ (Player) acknowledge that the Player is receiving valuable instruction and experience by her involvement with Monroe Select Basketball Club. In consideration thereof, I hereby grant permission for the Player to play, compete, train, and otherwise participate in the Monroe Select Basketball Club including but not limited to practice, games, tournaments, clinics, camps, fundraising, volunteering, social activities, travel by any and all means including private, public, and commercial transport by ground, air, and water based vessels, and other activities sponsored by the Monroe Select Basketball Club.

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the Player as a result of her trying out for and participating in the Monroe Select Program. I waive any and all liability against Monroe Select Basketball Club, its officers, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors/suppliers, the school districts, and the owners and operators of any facility utilized by Monroe Select Basketball Club, and hereby release and discharge the same, from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Player as a result of the Player's participation in the Monroe Select Program. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers, and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the Player or her family/guardian.

I, the undersigned, the parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of majority), _____ (Player) hereby grant permission for Monroe Select Basketball Club, its officers, employees, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to Monroe Select Basketball Club are non-refundable. I understand that participation in Monroe Select Program is done in accordance with the acceptance of this permission, authorization, release, and waiver. The permission for participation and authorization for medical treatment is effective for thirteen (13) months after the date of my signature hereto (Participation Period). The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

Player Name (printed)

Player Signature

Date

Parent or Legal Guardian Signature
(if Player is a minor)

Date