

2019 SUMMER BASKETBALL SHOOT-OUT LIABILITY WAIVER



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

NAME: _____ SCHOOL: _____

COACH NAME: _____ Girls / Boys Grade Level: _____

Insurance:

It is expressly understood that the North Central MO YMCA does not insure against, nor accept responsibility for, personal injury or property loss or damage to the participant which may be sustained as a result of his/her participation. Parents or legal guardians are responsible for medical care, treatment, and insurance for said participant.

Release/Waiver:

In return for allowing the above mentioned participant to play in the above mentioned youth sports program, the undersigned, to be legally bound, release and forever discharge the North Central Missouri YMCA, Grand River Area Family YMCA, the Carroll County Area YMCA, their agents, representatives, successors, and assigns from any claims for damages, including any claims for loss, damages or injury to the participant's person or property arising out of the participant's performance or failure of performance. If the undersigned has doubts about the physical condition of said participant, a physical examination is recommended. In addition, the undersigned hereby authorizes any first aid, medical treatment deemed necessary in case of emergency for said participant during the above mentioned youth sports program and give permission for emergency treatment, x-rays, or surgery as recommended by the attending physician. I / We assume full financial responsibility for any and all medical care for said participant. I give the North Central Missouri YMCA permission to take/post/use any photos/videos of the above listed participant.

X: _____ Date: _____

Parent/Legal Guardian Signature

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