



# DRIVE

DENKER BASKETBALL ACADEMY

## DBA DRIVE - RISK AND WAIVER OF LIABILITY FORM

As the legal guardian of \_\_\_\_\_, I hereby consent to the aforementioned person participating in the Denker Basketball Academy, hereafter referred to as DBA DRIVE, programs including but not limited to; tryouts, practices, training sessions, and or games. I recognize that potentially severe injuries can occur in any activity that is associated with basketball and youth sports.

I understand that it is the express intent of the DBA DRIVE Basketball Club, to provide for the safety and protection of my child and, in consideration for allowing my child to play OR TRYOUT for or practice with the DBA DRIVE Basketball Club, I hold the club totally harmless.

I hereby forever release DBA DRIVE Basketball Club and its Directors, Coaches, Trainers, Volunteers and Staff, and/or any facility used by DBA DRIVE Basketball Club, its officers, employees, coaches and owners from all liability for any and all damages, injuries, disabilities or death suffered by my child while under the instruction, supervision, or control of any of the above so mentioned, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, to the fullest extent permitted by law.

As legal guardian of the aforementioned person, I hereby agree to individually provide for the possible future medical expenses which may be incurred by my child as a result of any injury sustained while training at, practicing at, competing at, or trying out for the DBA DRIVE Basketball Club, and/or any facility used by DBA DRIVE Basketball Club its officers, employees, coaches and owners.

In case of emergency, I authorize DBA DRIVE Basketball Club staff to administer first aid to my child and/or take my child to a physician or hospital for further treatment.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_ Medical Insurance \_\_\_\_\_ Medical Record # \_\_\_\_\_

### PLAYER UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

\_\_\_\_\_  
(PARTICIPANT SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_