

Individual Player Waiver



Open Gym ___ Try-out ___ Camp ___ Training ___ AAU Team ___

Individual Player Information

Current Grade: _____
School: _____
Player's Name: _____
Parent's Name : _____
Date of Birth: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Email Address: _____
Emergency Contact: _____ Phone No: _____

Consent and Liability Waiver – Release of all claims (must be signed and dated to participate)

I, _____ (parent/guardian), am the parent of legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Spartans Elite Basketball Academy- Spartans Elite/Lady Spartans. , Program Camp, Clinic or any other activity at or through the Spartans Elite Basketball Academy- AAU Club Team- Spartans Elite/Lady Spartans. I agree that neither my child nor I will make a claim against, sue, attach the property of or prosecute Spartans Elite/Lady Spartans, their agents, sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Spartans Elite Basketball Academy- Spartans Elite/Lady Spartans. and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Spartans Elite/Lady Spartans, their agents, sponsors, and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INURIES (INCLUDING DEATH) AND /OR PROPERTY DAMAGE, AS A CONSEQUENCE THERE OF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS SPARTANS ELITE, THEIR AGENTS, SPONSORS AND EMPLOYESS WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME AND MY MINOR CHILD FOR DAMAGES. I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and /or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Spartans Elite/Lady Spartans. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for me and my child and a contract between myself, my child, Spartans Elite Basketball Academy- Spartans Elite/Lady Spartans., their agents, sponsors and employees, and I have signed it of my own free will.

Parent Signature: _____

Print Name: _____

Date: _____