



2016-17 BASKETBALL ACCIDENT WAIVER AND RELEASE OF LIABILITY

This Accident Waiver and Release of Liability (the “Release”) is executed by _____ (the “Participant’s Guardian”) for the participant whose name is _____ (the “Participant”) and whose address is: _____

In consideration for the Participant being permitted to participate in CCS Basketball/Winter Preseason (if applicable) , the undersigned does hereby release, waive, and forever discharge Calvary Chapel of Old Bridge and Calvary Christian School, its controlling persons, successors, affiliates, assigns, shareholders, members, managers, directors, officers, employees, agents or representatives (collectively, the “Company”) from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action or costs and expenses of any nature for which Participant may have or which may hereafter accrue to the Participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering, pain, disability and severe injury (including death), that may be sustained by Participant in conjunction with Participant’s involvement in the Activity.

Participant has signed this Release in full recognition and appreciation of the dangers, hazards and risks involved with the Activity. Participant further attests and Participant’s Parent/Guardian agrees that the Participant has individually assumed the risks involved with this Activity.

Participant understands and acknowledges that this Release is binding on Participant and Participant’s family, estate, heirs, administrators, representatives and assigns. Participant further agrees to hold harmless, indemnify and defend the Company from any claim by Participant or Participant’s family arising out of Participant’s involvement in the Activity.

Participant and Participant’s Parent/Guardian agree that the Company is granted permission to seek and obtain emergency medical treatment, if necessary, and that such action by the Company does not constitute any assumption of responsibility by the Company for any injury or damage, which might arise out of or in connection with such authorized emergency medical treatment.

Participant certifies that she/he is physically fit and in good health and has not been advised otherwise by any qualified medical personnel. Participant is not aware of any health-related reasons or problems, which would preclude or restrict Participant’s ability to take part in the Activity.

If any term or provision of this Release shall be held illegal, or unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected.

To allow your athlete to use alternate transportation, in addition to that which is provided by CCS for away games, check all applicable boxes:

Parent or Guardian Teammate’s Parent or Guardian

Other _____

If no options are selected, your athlete is required to use CCS transportation to and from all away games.

Parent Phone (Home) _____ (Cell) _____

Additional Emergency Contact Name and Phone: _____

Signature of Participant’s Parent or Guardian: _____

Date: _____