



*TEAM NIKOS BASKETBALL ACADEMY * 2 TERRACE RD, * LADERA RANCH, CA 92694*

ASSUMPTION of RISK and WAIVER of LIABILITY

(PLEASE PRINT)

Participant's Name: _____ Age: _____ Grade: _____

Participant's Skill Level: (Circle One) Beginner Intermediate Advanced

Parent/Guardian Name: _____

Parent/Guardian Cell #: _____

Parent/Guardian Email: _____

Home Address: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

1. The sporting activity in which I will participate involves significant risk of personal injury, including the risk of death and permanent disability. I hereby assume all such risks, known and unknown, foreseen and unforeseen, and assume full responsibility for my participation in such activity.
2. I will comply with all policies, instructions, rules and regulations and directions related to my participation in such activity.
3. For myself and on behalf of my heirs, assigns, next of kin and personal representatives, I hereby indemnify, release and hold harmless TEAM NIKOS BASKETBALL ACADEMY (TNBA), and its officers, employees, members, agents, representatives, and other sports participants as well as LADERA SPORTS CENTER (LSC), and its officers, employees, members, agents, representatives, and other sports participants from and against any and all claims, losses or damages, including, without limitation, any and all personal injury, disability, death and damage to personal property arising directly or indirectly from my participation in such activity, to the extent permitted by law.
4. I have no medical condition that could impair my safe participation in such activity. I acknowledge that TEAM NIKOS BASKETBALL ACADEMY (TNBA) does not maintain medical insurance for me. If I have a medical emergency, I hereby grant TEAM NIKOS BASKETBALL ACADEMY (TNBA) permission to administer or have administered whatever emergency medical care it deems necessary for my welfare and I shall be responsible for any costs incurred by TEAM NIKOS BASKETBALL ACADEMY (TNBA) in providing such medical care.
5. I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child sports services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during and after the term of my child's enrollment with TEAM NIKOS BASKETBALL ACADEMY (TNBA). I understand that there will be no payment for me or my child's participation.

I HAVE SIGNED AND FULLY UNDERSTAND THIS ASSUMPTION OF RISK AND WAIVER OF LIABILITY AND ACKNOWLEDGE THAT I HAVE WAIVED CERTAIN RIGHTS BY SIGNING IT.

Parent/Guardian Signature

Date