

PROCESS BASKETBALL WAIVER

Players Name: _____ Birth date: _____

Grade _____ School: _____

Address: _____ City, State, Zip _____

Phone: _____ Emergency Contact (relationship) _____

Phone: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Parent/Guardian: _____ Phone: _____

Email: _____

Process Basketball Waiver : In enrolling in a Process Basketball Training event participant understands that he/she attending the event does so at his/her own risk. Process Basketball Training and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, He/She does hereby fully and forever release discharged hold harmless Process Basketball Training all associated facilities and its owner, employees, and agents from any and all claims, demands, damages or rights of action, present or future resulting from any person's participation in any programs or use of the facility. In addition, he/she agree(s) to follow the rules of conduct and play set by Process Basketball Training. Failure to do so may result in suspension from participation.

I hereby authorize Process Basketball Training and it's representatives to act for me according to his/her best judgment in an emergency requiring medical attention. I know participate in any Process Basketball Training. I will be responsible for all medical charges, along with any other charges, in connection with his/her attendance of this activity. I agree to abide by the rules and regulations set by Process Basketball Training. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force or effect.

Printed Name of Participant (parent if under 18)

Signature of Participant (Parent if under 18)

Date

By checking this final box I hereby agree to all of the terms and conditions and verify that all of the above personal information is up to date and correct.