



ATHLETES BEYOND BORDERS -- PLAYER WAIVER FORM
(One registration for EACH participant must be completed & signed by parent or guardian)

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I/we am/are the parent(s) or legal guardian of _____ (Child's name). We desire to be a participant with **ATHLETES BEYOND BORDERS**. It is important to me/us that this child be allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of city facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City/County facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless **ATHLETES BEYOND BORDERS**, its officials, employees, its hired or contracted instructors and any other agents or organizations, and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures/videos taken during program hours may be used for future promotional purposes.

X _____
PLAYER NAME

X _____ / _____
PARENT / GUARDIAN PRINTED NAME **PHONE NUMBER**

X _____ / _____
PARENT(S) / GUARDIAN SIGNATURE(S) **DATE**

X _____
RELATIONSHIP TO STUDENT-ATHLETE

X _____ / _____
MEDICAL INSURANCE COMPANY **POLICY #**

X _____ / _____
FAMILY PHYSICIAN **PHONE NUMBER**

X _____ / _____
EMERGENCY CONTACT NAME **PHONE NUMBER**