

**LIABILITY RELEASE:**

I/We, the parents of \_\_\_\_\_ acknowledge and fully understand that he will be participating in activities that involve risk of serious injury, permanent disability and/or death resulting from their own actions, inactions, or negligence, and/or from the actions, inactions or negligence of others, the rules of play, the conditions of the premises or the conditions of any equipment used. In consideration of being allowed to participate in the Whitmer Basketball Academy.

I/We release, waive, discharge and covenant not to sue Whitmer Basketball Academy, its officers, agents, coaches, employees, volunteers or sponsors and the owners and lessees of premises used to conduct the program event(s) from any and all liability including but not limited to any claim, demands, losses or damages on account of injury, death or damage to property, caused or alleged to be caused in whole or part by the negligence of Whitmer Basketball Academy or otherwise.

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**

**MEDICAL RELEASE:**

In the event that reasonable attempts to contact me have been unsuccessful, I give my consent for the administration of any treatment deemed necessary by any licensed physician or dentist in the event that the preferred practitioner designated below is not available; and to the transfer of my child to the preferred hospital if reasonably accessible:

Preferred Physician: \_\_\_\_\_ Phone No: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone No: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone No: \_\_\_\_\_

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained before the surgery is performed. Facts concerning my child’s medical history including allergies, medications and any physical impairments to which a physician should be alerted include: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian**

\_\_\_\_\_  
**Date**