



Waupaca Youth Basketball Club
PARTICIPANT WAIVER/RELEASE FORM
PLEASE READ BEFORE SIGNING

INCONSIDERATION OF _____ my child, being allowed to participate in any
(Name of Participant/Grade)

way in the Waupaca Youth Basketball Club ("WYBC") related events and activities, the undersigned acknowledges, appreciates, and agrees that the risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and.

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANTS, spectators or administrators, others, and assume full responsibility for my child/ward's participation; and

2. I willingly agree to comply with the program's stated and customary terms and conditions for participation, including all protocols to protect against the spread of COVID-19. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and

3. I myself, my spouse, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS the WYBC, the Waupaca School District, and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL LIABILITIES, INCIDENTS, INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's involvement or participation in these programs, whether it be arising from the negligence of the RELEASEES or otherwise, to the fullest extent permitted by law. This release shall not apply to any acts or behavior by the RELEASEES which is grossly negligent or intended to injure my child. I understand that this release shall remain in effect for the duration of my child's participation in WYBC related events and activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINTED NAME OF PARTICIPANT / Grade Level)

(PARENT/GUARDIAN PRINTED NAME) (DATE SIGNED)

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulations, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINTED NAME OF PARTICIPANT) (DATE SIGNED)

Emergency Contact Information: Name: _____ **Phone Number:** _____

