

## **Hollerbach Athletics Foundation Basketball Program Waiver and Release of Liability**

### **Participant Information:**

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- City/State/Zip: \_\_\_\_\_
- Phone: \_\_\_\_\_
- Email: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_

### **Emergency Contact Information:**

- Name: \_\_\_\_\_
- Relationship: \_\_\_\_\_
- Phone: \_\_\_\_\_

### **Waiver and Release of Liability:**

I, the undersigned, understand that participation in the basketball program at Hollerbach Athletics Foundation involves physical activity and inherent risks, including but not limited to, the risk of injury, disability, and death. I hereby acknowledge and accept these risks voluntarily.

### **Medical Treatment:**

In the event of an emergency, I authorize Hollerbach Athletics Foundation to arrange for any necessary medical treatment for me. I understand that I am responsible for any medical expenses incurred.

### **Assumption of Risk:**

I hereby assume all risks associated with my participation in the basketball program, including but not limited to, falls, contact with other participants, equipment failure, and the effects of weather, including high heat and/or humidity.

### **Release and Waiver:**

In consideration of being allowed to participate in the basketball program, I, for myself and my heirs, executors, administrators, and assigns, hereby release, waive, and discharge Hollerbach Athletics Foundation, its directors, officers, employees, agents, and volunteers from any and all claims, liabilities, damages, and causes of action arising out of or related to any injury, illness, death, or loss or damage to personal property that may occur as a result of my participation in the program.

### **Indemnification:**

I agree to indemnify and hold harmless Hollerbach Athletics Foundation, its directors, officers, employees, agents, and volunteers from any and all claims, liabilities, damages, and expenses, including reasonable attorneys' fees, arising out of or related to my participation in the basketball program.

**Photography and Media Release:**

I understand that Hollerbach Athletics Foundation may take photographs or video recordings of participants during the basketball program for promotional purposes. I hereby grant Hollerbach Athletics Foundation permission to use my likeness in any promotional materials, including but not limited to, brochures, websites, and social media.

**Acknowledgment of Understanding:**

I have read this Waiver and Release of Liability in its entirety and fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

**Signature of Participant:** \_\_\_\_\_

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

**Parent/Guardian Consent (if participant is under 18):**

I am the parent or legal guardian of the participant named above. I have read and understand this Waiver and Release of Liability and agree to its terms on behalf of the participant. I hereby release, waive, and discharge Hollerbach Athletics Foundation from any and all claims, liabilities, damages, and causes of action arising out of or related to the participant's involvement in the basketball program.

**Signature of Parent/Guardian:** \_\_\_\_\_

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

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Please review this waiver to ensure it meets your specific needs and complies with any applicable local laws and regulations.