

2008 Big Bear Youth Hoops All Star Tournaments

Division: (circle one) girls 3/4 5/6 7/8 Boys 3/4 5/6 7th 8th
TEAM NAME: _____ **Coaches Name** _____ **HOME PHONE:** _____
ADDRESS: _____ **CITY:** _____ **ZIP:** _____ **WORK PHONE:** _____

In consideration for being permitted by the Big Bear Valley Recreation and Park District to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter occur to me, as a result of participation in said activity. This release is intended to discharge in advance the Big Bear Valley Recreation and Park District (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or any injury or property damage that I may sustain while participating in said activity.

I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND BIG BEAR VALLEY RECREATION AND PARK DISTRICT AND SIGN IT OF MY OWN FREE WILL.

THIS ALSO CERTIFIES THAT I, THE PARENT OR LEGAL GUARDIAN OF THE BELOW NAMED CHILD CONSENT TO THE PERFORMANCE OF ANY EMERGENCY SURGICAL OPERATION AND OR OTHER MEDICAL PROCEDURES WHICH MAY BE CONSIDERED NECESSARY BY ANY MEDICAL OFFICERS AS A RESULT OF INJURY OR OTHER MEDICAL EMERGENCY DURING THE PERIOD OF THE EVENT.

	PLAYERS NAME (PRINT)	Parent's Signature	ADDRESS, CITY, ZIP	PHONE
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				