

Fort Worth Young Warriors Medical and Waiver Release for the 2020 Basketball Season

Player Name		Birthdate	/	/	Age	
Address		City				Zip
Parent/Guardian Name				Cell		
Home Phone				Work Phone		
Emergency Contact Name				Relationship		
Emergency Contact Cell				Home Phone		
Hospital of Preference						
Existing Medical Coverage		Group #		Policy #		
Known Allergies						
Current Medications						
Past Medical History (ex. asthma, seizures, etc.)						

I hereby voluntarily permit me or my child to participate in the **Fort Worth Young Warriors 2020 Season**. I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS ASSOCIATED WITH PARTICIPATING WITH THE FORT WORTH YOUNG WARRIORS AS IT RELATES TO COVID-19: _____ (Initial Here)

As consideration for being permitted by the Fort Worth Young Warriors to participate in these activities, I hereby release and hold harmless the Fort Worth Young Warriors, staff, volunteers, and designated coaches from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to me or my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with me or my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned. I further agree to indemnify and to hold the Ft. Worth Young Warriors (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity. In case of a medical emergency, I hereby give permission to Fort Worth Young Warriors Staff, Trainers and Volunteers to order treatment for me or my child, including any necessary medical treatment and x-rays. I also hereby give permission to Fort Worth Young Warriors Staff and Volunteers to disclose the information contained on this form to medical personnel. I understand that an attempt will be made to reach me by phone when a diagnosis is completed. I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of such treatment. The Fort Worth Young Warriors also does not provide any medical or other insurance protection or benefits for those who participate in our summer basketball season.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE Ft. Worth Young Warriors AND SIGNING IT IS OF MY OWN FREE WILL.

Date _____

Parent or Guardian Signature

VIDEO/PHOTOGRAPH RELEASE FORM

I hereby grant the Fort Worth Young Warriors the irrevocable right and permission to use photographs and/or video recordings of me on University and other websites and in publications, promotional flyers, educational materials, derivative works, or for any other similar purpose without compensation to me. I understand and agree that such photographs and/or video recordings of me may be placed on the Internet. I also understand and agree that I may be identified by name and/or title in printed, Internet or broadcast information that might accompany the photographs and/or video recordings of me. I waive the right to approve the final product. I hereby release, acquit and forever discharge the Fort Worth Young Warriors, its current and former advisors, coaches, trainers, and volunteers of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation. I hereby warrant that I am eighteen (18) years old or more and competent to contract in my own name or, if I am less than eighteen years old, that my parent or guardian has signed this release form below. This release is binding on me and my heirs, assigns and personal representatives.

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (18) years old or more and that I am the parent or guardian of the child named above.

Date _____

Signature of Parent /Guardian

TRANSPORTATION RELEASE

ATHLETIC TRANSPORTATION POLICY: If parents/guardians provide transportation to these events or allow their son/daughter to provide transportation to these events, they must be aware of the following: • Where a parent/guardian provides transportation to their son/daughter to or from a scheduled event, the parent/guardian shall assume all resulting liability, and the Young Warriors shall assume no liability. • Where a parent/guardian (or another adult designated by a parent/guardian) transports students other than their own to or from a scheduled event, the parent/guardian or designated adult transporting the students shall assume all resulting liability and the Young Warriors shall assume no liability. • Where a student transports himself/herself to or from a scheduled event, the parents/guardians of that student shall assume all resulting liability, and the Young Warriors shall assume no liability. • Where a student transports other students to or from a scheduled event, the parents/guardians of the transporting student shall assume all resulting liability, and the Young Warriors shall assume no liability. I grant permission to the members of the Ft. Worth Young Warriors to transport my student to scheduled events if necessary and they shall assume no liability if a situation causes injury.

I have read the paragraph above and agree that I shall assume all liability for negligently caused injuries resulting from the following situations: • Where I transport my son/daughter to or from a scheduled event; • Where I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability; • Where my son/daughter transports himself/herself to or from a scheduled event; or • Where my son/daughter transports other students to or from a practice or scheduled event. I also agree that the Fort Worth Young Warriors shall assume no liability whatsoever for negligently caused injuries resulting from the above.

Date _____

Parent or Guardian Signature