MURFREESBORO CITY SCHOOLS
Youth Basketball 2009

This form applies to all events held at and/or organized by Murfreesboro City Schools in Murfreesboro, TN between 9/1/09 to 12/30/09. Parent/Guardian's initials and signature are required for participation.

LIABILITY WAIVER FORM

Each Statement Must Be Initialed by Parent/Guardian:

The undersigned hereby,

_____ Agree that prior to participating, if present I will inspect the facilities & equipment, & if I believe anything to be unsafe, will immediately advise my coach or supervisor of such conditions.

_____ Acknowledge & fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury or death), which might result not only from their own actions, inaction, or negligence, but the actions, inactions, or negligence of others, the rules of play, the conditions of the premises, or any of the equipment used. This includes any risks not reasonably foreseeable by MCS.

_____ Assume all the foregoing risks as a condition of participation & accept personal responsibility for the damages following any such injury.

_____ Unconditionally release, waive, & consent not to sue MCS, officers, directors, administrators, agents, coaches, other employees, and volunteers of MCS, sponsoring agencies, sponsors, advertisers, or the City of Murfreesboro for any & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the MCS official or unofficial activities, events, or competitions.

_____ Accept responsibility for the coach's and/or player's decision to continue participation if suffering from injuries.

_____ Consent to use, without compensation, my child's picture, name, voice or likeness for promotional, television, radio, or film coverage of MCS events.

Permission to Administer Medical Care – by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent/guardian of the participant named below, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the head coach & on-site volunteer medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request & authorize physicians, athletic trainers, technicians, first aid personnel, nurses, & dentist, to perform any diagnostic, treatment, or operative procedures, & x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the player.

I Have Read and Understand the Above Release and Grant My Permission to Administer Medical Care.

_____	_____	_____
Participant Name (Print)	Participant Signature	Date
_____	_____	_____
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
_____	_____	_____
School Name (Print)	Coach Name	Date