

ACTIVITY:      **2020 BASKETBALL PROGRAM (GRADES 1- 2)**

SCHEDULE:      Instructional Clinics (Saturdays) – Jan. 11 - Feb. 1  
CLINIC TIME:      9:00 – 10:00 am

**FEE: - \$50**  
**(payable to MSRD)**

DESCRIPTION:      Supervised **BASKETBALL CLINIC** instruction will be held at the Sisson gym. Participants assume all risks for participation in this program & acknowledge there is a risk of injury during participation due to the physical nature of the activity.

NAME \_\_\_\_\_ AGE \_\_\_\_\_  
(Please Print)

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_ GRADE \_\_\_\_\_  
Mailing Address

PHYSICIAN'S NAME & PHONE \_\_\_\_\_

EMERGENCY CONTACT-PHONE \_\_\_\_\_

LIMITATIONS: \_\_\_\_\_

***AGREEMENT, WAIVER, AND RELEASE***

In consideration for being permitted by the above 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 accrue to me, as a result of participation in said activity. **This release is intended to discharge in advance the above district (its officers, employees, and agents) & Sisson School/MSHS**, 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.

**PARENTAL CONSENT:** I hereby consent that my son/daughter, \_\_\_\_\_ may participate in the above activity, and I hereby execute the above Agreement, Waiver, and Release on his/her behalf. I state that said minor is **physically able to participate in said activity**. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor 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, THE ABOVE DISTRICT & MSHS AND I SIGN IT OF MY OWN FREE WILL.**

\_\_\_\_\_  
(PARENT Signature)      DATE \_\_\_\_\_

\_\_\_\_\_  
(Name Printed)

PD: \_\_\_\_\_ \$\$\$  
\_\_\_\_\_ CHK

