



MEDICAL AND LIABILITY RELEASE FORM

Name Of Athlete _____

Parent/Legal Guardian _____

Home Address _____

Parent E-MAIL _____

PHONE: CELL _____ HOME _____

GRADE _____ AGE _____ BIRTHDATE _____

ANY KNOW MEDICAL PROBLEMS? _____

I hereby give permission for _____

To participate in the above activity and agree that he/she will abide by all the rules and Regulations of the facility/area and /or the CBC AAU Basketball Club, it's designated Coaches, Trainers and Agents.

I do hereby grant permission to hospital staff members to administer immediate treatment to my child should he/she be injured.

I realize when performing various athletic activities that serious injury may occur, and I release, absolve, indemnify, and hold harmless, the CAROLINA BASKETBALL CLUB, it's sponsors, agents, coaches, directors or officers, or anyone else involved with the CAROLINA BASKETBALL CLUB from claims, lawsuits, judgments, etc. The participant has received a physical examination by a physician and has been found physically capable of participating in the athletic activities. In addition Photographs and Video taken before, during, and after the event may be used for promotional purposes in conjunction with CAROLINA BASKETBALL CLUB properties.

DATED _____ SIGNATURE _____