**AABC Liability Release Form**

Please Print and Fill Out Completely:

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_

Parent / Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street City State Zip

Phone Numbers: DAY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 EMERGENCY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Liability Release:**

In consideration of the acceptance of my application for basketball lessons, I hereby waive, release, and discharge all claims for damages for personal injury, including paralysis, coma, or death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said events. I also waive any claim for personal injury or damage incurred while on the premises of all locations where training will take place, its officials, employees, and agents 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 some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

**Parental Consent:**

I give my consent for my son/daughter (child’s name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to

Participate in the basketball lessons and execute the above liability release on his/her behalf.

**Consent To Treat:**

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or injury while participating in the basketball lessons. It is understood that Dwayne Williams or All American Basketball Camp provides no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the activity or the nature of the illness or injury may require the use of emergency medical personnel.

**\_\_\_\_ I give my consent to have my child/children treated in case of an illness or injury.**

**\_\_\_\_ I do not give my consent to have my child/children treated. I request that medical services or surgical services be withheld.**

**Name of Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Read Before Signing:**

 I have read and understood the foregoing liability release form, parental consent and consent to treat forms and I agree to all their terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date (Print Name)