**MTBSA**

Mark Davis, President

PH: 678.733.7626

EMAIL: coachmd@mtbsa.netwww.mtbsa.net**MTBSA WAIVER & RELEASE OF LIABILITY**

In consideration for being permitted to participate in basketball activities with MTBSA at Riverside EpiFitness Club, 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 basketball activities with MTBSA at Riverside EpiFitness Club. This release is intended to discharge in advance MTBSA and Riverside EpiFitness Club (their employees, volunteers, and agents), from any and all liability arising out of or connected in any way with my participation in basketball activities, 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 a result of my death or any injury or property damage that I may sustain while participating in said activity.

PARENTAL CONSENT: (To be completed and signed by parent/guardian)

I hereby additionally consent that my son/daughter _____, Age _____, may participate in the above activity and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that the 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, any injury, or property damage that said minor may sustain while participating in the 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 and the above designee and I sign it of my free will.

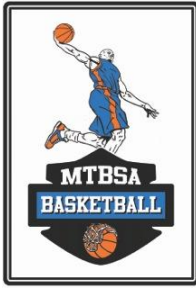
I further understand that no medical insurance is provided and that no refunds will be given unless activities are cancelled by MTBSA.

I further understand that photographs and video will be taken of me during the course of the above mentioned activity and that these photographs and video may be used for MTBSA's publicity and marketing purposes. I have read and fully understand this release.

Signature of Parent/Guardian _____ Date _____

Printed Name _____

MTBSA * Riverside EpiFitness Club * 135 Riverside Parkway * Austell, GA 30168

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EMAIL: coachmd@mtbsa.netwww.mtbsa.net**MTBSA****HEALTH & RELEASE FORM*****BRING THIS FORM WITH YOU TO LEAGUE PLACEMENT EVENT***

(You will not be admitted without this form, completed and signed on both sides!)

PLAYER'S NAME:

Grade: _____ Sex: _____ Birthday: _____ Age: _____ Weight: _____ Height: _____' _____"

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

E-Mail _____

Person to contact in the event I cannot be reached _____

Relation: _____

Phone number of emergency contact person (_____) _____

HEALTH & GENERAL HISTORY:

If the player should be restricted from any activity please note:

If the player will be taking medication during league, please indicate name of drug and dosage:

Please identify any medical condition or medical history that would require special attention:

BASKETBALL HISTORY:

Is this the player's first time playing in a recreation league: ____Yes ____No

Years played _____

MTBSA Mission: To positively affect the mind, body, and soul of youth and young adults on their journey to becoming thriving citizens through mentoring and team-building programs