



PROJECT AWARENESS AND SPECIAL SPORTS (PAASS)
WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I hereby voluntarily permit _____, to participate in the

Basketball League at Dominican University every Sunday January 15- March 12, 2017

I UNDERSTAND AND FULLY ACCEPT THAT THERE ARE RISKS INVOLVED IN SPORTS, AND THAT ACCIDENTS AND INJURIES ARE COMMON AND ARE ORDINARY OCCURRENCES OF SPORTS. I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE.

Initial Here

As consideration for being permitted by PAASS to participate in this activity, I hereby release and hold harmless PAASS, volunteers, designated coaches, and program officials and supervisors from all liability, and from all actions or claims that I or my child now or hereafter have for damage or injury to my child, or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation. I further agree that this waiver, release and assumption of risks are to be binding on the heirs and assigns of the undersigned.

I further agree to indemnify and to hold PAASS (its officers, employees, agents and volunteers) free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of any injury and/or property damage that I or my child may cause or sustain while participating in this activity.

PAASS does not disclose your nonpublic personal medical and financial information, except as required or permitted by law. PAASS also does not provide any medical or other insurance protection.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND PAASS AND I SIGN IT OF MY OWN FREE WILL.

PARTICIPANT NAME AND SIGNATURE IF OVER 18

Date

PARENT NAME AND SIGNATURE IF UNDER 18 OR CONSERVED.

Date