

New Jersey FLY- Athletic Waiver Form

I am aware that playing or practicing in any sport can be a dangerous activity involving many risks of serious injury, paralysis or death.

Because of the dangers of participation in the below sport, I recognize the importance of the coach’s instructions regarding playing techniques, training, rules of the sport, or to the team rules, and I agree to obey those instructions. In considerations of New Jersey FLY permitting me to train, play, practice, or tryout for **NJ FLY Basketball program**, and to engage in all activities related to the program, including training, practice, playing and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save **NJ FLY**, its trustees, officers, agents, coaches, and employees, from any and all liability, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the **NJ FLY Basketball team**. The terms hereof shall serve as release and assumption of risks for myself, my heirs, executors, administrators, assigns, and all members of my family.

I UNDERSTAND THAT NJT HAS NO LIABILITY FOR MEDICAL OR HOSPITAL EXPENSES INCURRED FOR TREATMENT OF INJURIES I RECEIVE FROM TRYING OUT FOR OR PARTICIPATION WITH THE NJT EVEN IF THOSE INJURIES RESULT FROM THE NEGLIGENCE OF NJT COACHES OR OTHER EMPLOYEES. I ALSO UNDERSTAND THAT UNLESS I AM SPECIFICALLY ADVISED OTHERWISE, NJT HAS NO ACCIDENTAL INJURY, HOSPITAL OR MEDICAL INSURANCE COVERING ANY MEDICAL OR HOSPITAL EXPENSES INCURRED BY ME OR ON MY BEHALF. I ALSO CERTIFY THAT I HAVE FULL MEDICAL COVERAGE AND HAVE PROVIDED PROOF OF COVERAGE TO THE New Jersey Fly Basketball.

Name of Athlete (printed) _____

Signature of Athlete _____ Date _____

FOR PARTICIPANTS UNDER AGE 18 AT THE TIME OF PARTICIPATION. This is to certify that I, as parent/guardian with legal responsibility for the above named athlete, do consent to his/her participation and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, executors, administrators and assigns, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child’s involvement or participation in these programs as provided above.

Name of Parent/Guardian (printed) _____

Signature of Parent/Guardian _____ Date _____

In case of emergency contact (printed) _____ Phone # _____