



City of Central Falls
Event Waiver & Parental Consent Form
Emergency Medical Release and Liability Waiver



Event Description

(For City of Central Falls Personnel to complete)

Event Name: Summer Basketball League

Event Date _____

Event Time: Games: Saturdays 10-1 & Practices: Mondays or Wednesday

Event Location: Higginson Ave Sports Complex

Basic Information

Participant's Name _____ Birth Date _____

School Currently Attending _____ Grade _____

Address _____ City _____

Zip Code _____ Participant's Home Phone # _____ Participant's Cell Phone # _____

E-Mail _____

Basketball Background

Have you ever played basketball in an organized basketball league? _____

How long have you been playing basketball? _____

On a scale of 1-5, how would you rate your basketball skill? (Circle One)

1
Have never played

2

3
*Some Experience
Average Skill*

4

5
*Lots of Experience
Very Skilled*

What position/s have you played? _____

Emergency Information

Parent/Guardian Name _____ Home # _____ Cell # _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

Name _____ Relationship _____

Home# _____ Cell#/Alternate # _____

Health Concerns

List any allergies (to include foods), health problems, medications, or other health concerns: _____

Family Physician: _____ Phone # _____

Dental Provider: _____ Phone# _____

Medical/Hospital Insurance Company _____ Grp# _____

Policy Holder's Name _____ Policy # _____

Additional Information that May Be Helpful _____

This authorization for Emergency Medical Treatment must be completed before participant can participate in any activities. Treatment for injury will be based on information provided herein.

DISCLAIMER

City of Central Falls and its leaders, directors, officers, employees, contractors, agents, volunteers, members and representatives, are not responsible for any injury, loss or damage of any kind whatsoever sustained by any person or their property while participating in events, activities or travel with the City of Central Falls and all related activities associated with the City of Central Falls, including injury, loss or damage.

ASSUMPTION OF RISKS

IN CONSIDERATION OF the City of Central Falls allowing me or my child to participate in events, activities, or travel with City of Central Falls and all related activities associated with the City of Central Falls, including participation in the aforementioned event inclusive, and all activities related to the City of Central Falls, I acknowledge that I am aware of the possible Risks, Dangers and Hazards associated with participation in activities including the possible risk of severe or fatal injury to myself or others.

RELEASE OF LIABILITY and AGREEMENT

IN CONSIDERATION OF City of the Central Falls allowing me or my child to participate in the activities, I agree on behalf of myself and/or my child:

1. **TO ASSUME and ACCEPT ALL RISKS** arising out of, associated with or related to my or my child's participation in the activities.
2. **TO WAIVE and RELEASE** the City of Central Falls from any and all liability for any loss, damage, injury or expense that I or my child may suffer, or that my next of kin may suffer as a result of my or my child's participation in the activities due to any cause whatsoever.
3. **TO INDEMNIFY and HOLD HARMLESS** the City of Central Falls from any and all liability for any damage to the personal property of, or personal injury to, any third party resulting from my or my child's participation in the activities.
4. **TO INDEMNIFY and HOLD HARMLESS** the City of Central Falls from any and all claims, demands, actions and costs for any loss, injury, damage or expense whatsoever that might arise out of my or my child's participation in the activity.

YOUTH PARTICIPATION CONSENT

Acknowledgment of Participant:

I, the undersigned Participant, understand that I am responsible to act in a safe and responsible fashion, to follow the instructions or directions of the persons in charge of the City of Central Falls activities, and to obey requests to comply with safety regulations as directed by the persons in charge, including designated leaders and drivers of private or public transportation. I will be solely responsible for myself, will wear a seat-belt when available and will not disturb or distract the driver when using private or public transportation to travel to and from activities. At all sports events or other activities, I acknowledge that it is my responsibility to obtain and wear appropriate safety equipment. I will not endanger the safety of others or myself at any activities, outings or sports events of the City of Central Falls or when using private or public transportation for travel to and from such activities. I also understand that I may be photographed or appear in video for such purposes as the City of Central Falls deems necessary.

Acknowledgment of Parent or Guardian of Participant:

We, the undersigned Parents or Guardians of the Participant, hereby authorize and consent to the Participant's involvement in the event, including any use of private or public transportation deemed necessary by the persons in charge of the event for Participant travel to and from the activities, or to the NEAREST SUITABLE MEDICAL or HOSPITAL FACILITY in the event that emergency or other medical treatment not available at the site of a activity is deemed advisable. We hereby consent to and authorize such emergency or other medical treatment of the Participant as may be deemed advisable in the event of accident, injury, or illness during the activities of the City of Central Falls. We also understand that the participant may be photographed or appear in video for such purposes as the City of Central Falls deems necessary.

ACKNOWLEDGEMENT and SIGNATURE

I UNDERSTAND THAT THIS IS A LEGAL AGREEMENT that is binding upon myself and my heirs, executors, administrators, successors and assigns. **I HAVE READ AND UNDERSTAND THE TERMS OF THIS AGREEMENT** and **I ACKNOWLEDGE THAT** by signing this agreement voluntarily, I am agreeing to abide by its terms and I am waiving certain legal rights that my child or I may have.

This Consent, Authorization and Acknowledgment shall be effective on the date mentioned in the event description.

Signature of Parent or Guardian Date
(if Participant is under 18 years of age)

Signature of Participant Date

Printed Name of Parent Date

Printed Name of Participant Date