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**Basketball League Waiver of Liability & Media Release**

**Participant Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I, the undersigned, hereby consent to the participation of the above-named minor in the A.C.T.S. basketball league.**

**I understand that participation in basketball involves inherent risks of injury, including but not limited to:**

* Sprains, strains, and fractures
* Concussions
* Heat-related illnesses
* Eye injuries
* Collisions with other players or equipment

**I hereby assume all risks associated with my child's participation in the league, including the risks listed above.**

**I hereby release and hold harmless A.C.T.S. its officers, coaches, volunteers, and any other individuals or entities associated with the league from any and all claims, demands, damages, losses, or expenses of any kind arising out of or resulting from my child's participation in the league, whether caused by NEGLIGENCE or otherwise.**

**I understand that it is my responsibility to ensure that my child is physically fit to participate in basketball and that the child has had a physical examination by a medical physician within the last 12 months.**

**I hereby grant permission to A.C.T.S. to use photographs and/or videos of my child for league-related purposes, including but not limited to:**

* Publication on the league website or social media pages
* Inclusion in league newsletters or promotional materials
* Use in local media coverage of league events

**I have read and understand the terms of this waiver and agree to them fully.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**