



WILLIAMSTOWN YOUTH CENTER

WAIVER OF LIABILITY, MEDICAL RELEASE, AND INDEMNIFICATION AGREEMENT

I, _____, hereby voluntarily permit my child, _____,
(Please Print Your Name) (Please Print Your Child's Name)

to participate in the Williamstown Youth Center Travel Basketball Tryouts for the 2018-2019 Basketball season.

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

_____ ↩ (Please Sign Your Initials Here)

As consideration for being permitted by The Williamstown Youth Center to participate in this activity, I hereby release and hold harmless the officers, employees, volunteers, designated coaches, and agents of The Williamstown Youth Center ("WYC Personnel"), jointly and severally, 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, myself, and/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 WYC Personnel 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 my child and/or I may cause or sustain while participating in this activity.

In case of a medical emergency involving my child when I am not present, I hereby give permission to WYC Personnel to authorize medical treatment as recommended by emergency medical professionals including x-rays. I also hereby give permission to WYC Personnel to disclose to medical professionals any medical information related to the treatment and/or care of my child. I understand that an attempt will be made to reach me by phone as soon as possible. I acknowledge that the Williamstown Youth Center does not provide any medical or other insurance protection for my child or me and as such I agree to pay all medical, hospital, or other expenses which my child or I may incur as a result of injury and/or medical treatment I have authorized herein.

I HAVE CAREFULLY READ THIS RELEASE, WAIVER AND INDEMNIFICATION AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS; I AM SIGNING THIS DOCUMENT OF MY OWN FREE WILL AND I AM AWARE THAT MY SIGNATURE BINDS ME TO A CONTRACT WITH THE WILLIAMSTOWN YOUTH CENTER AND ALL WYC PERSONNEL.

Signature

Date

Parent's Full Name (Printed)

Parent's Email Address

Parent's Address

Parent's Telephone Number