

CARY BASKETBALL ASSOCIATION

Medical Release Form*

Please read the forms carefully.

Please list any known medical conditions below

Please leave the field blank for None

If neither my spouse or next of kin can be contacted in case of serious injury or illness, I authorize the Cary Basketball Association (CBA) to take such emergency action as may be deemed necessary, including transportation to a hospital or medical center and hold CBA harmless for taking such emergency action. I do hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger my life, cause disfigurement, physical impairment, or undue discomfort.

ACKNOWLEDGEMENT, CONSENT, WAIVER, AND RELEASE

Please read this form carefully and realize that in signing up and participating in this program, you will be consenting to photographic images (or video) of yourself appearing on CBA's website and waiving and releasing any and all claims due to the appearance of the photographs (or video).

Name of Program - Cary Basketball Association (a/ka CBA)

Acknowledgement of Photographic or Video Images

As a participant in the program I recognize and acknowledge that CBA may produce photographic or video images of me participating in any of the activities conducted by CBA. I further acknowledge these photographic or video images may appear on CBA's website which is accessible to anyone and not exclusively available to the participants in the program.

Consent to Photographic or Video Images

As a participant in the program, I consent to and authorize CBA to post photographic or video images of me participating in any of the program's activities.

Waiver of Claim

I agree to waive and relinquish any and all claims that I may have as a result of participating in the program due to any photographic or video images of myself appearing on CBA's website against the CBA, its officers, directors, agents, coaches, members, servants, volunteers, and employees.

RELEASE FROM LIABILITY, INDEMNITY, AND DEFENSE

I do hereby fully release and discharge the CBA, its officers, directors, agents, coaches, members, servants, volunteers, and employees from any and all claims resulting from or that may result from any photographic or video images of me appearing on CBA's website which I

may have or which may accrue to me on account of my participation in the program. I further agree to indemnify and hold harmless and defend the CBA, its officers, directors, agents, coaches, members, servants, volunteers, and employees from any and all claims resulting from or that may result from any photographic or video images of me appearing on CBA's website which images were arising out of, connected with, or in any way associated with the activities of this program.

WAIVER AND RELEASE OF ALL CLAIMS*

Please read this form carefully and be aware that in signing up and participating in this program you will be waiving and releasing all claims for injuries you might sustain arising out of this program.

Name of Program - Cary Basketball Association

Acknowledgment of Risk

"As a participant in the program I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risks of any injuries, including death, damages or loss which I may sustain as a result of participating in any and all activities connected with or associated with such program."

Waiver of claim for injury clause

"I agree to waive and relinquish all claims that I may have as a result of participating in the program against the CBA and its officers, directors, agents, coaches, members, servants, volunteers and employees."

Release from liability Clause

"I do hereby fully release and discharge the CBA and its officers, directors, agents, coaches, members, servants, volunteers and employees from any and all claims from injuries, including death, damage or loss which I may have or which may accrue to me on account of my participation in the program."

INDEMNITY AND DEFENSE CLAUSE

"I further agree to indemnify and hold harmless and defend the CBA and its officers, directors, agents, coaches, members, servants, volunteers and employees from any and all claims resulting from injuries, including death, damage and losses sustained by me and arising out of, connected with, or in any way associated with the activities of this program."

I understand that by signing below, I am agreeing in full to the above listed terms.

Name (Printed) _____

Signature _____ **Date** _____