

JACKSON JETS 2019/20
Athletic Permission and Waiver and Release of Liability

I. Permission

The undersigned parent/guardian hereby grants permission for the undersigned athlete to participate in any/all try-out, practices, games, tournaments, and other activities of the **JACKSON JETS** girls AAU basketball club. Participation includes, but not limited to, being transported to and from try-outs, practices, games, and tournaments, and participation, in all other activities of the **JACKSON JETS**, whether athletic, fund-raising, or social in nature.

II. Waiver and Release of Liability

In consideration of being allowed to participate in any way in the **JACKSON JETS** athletic sports program, related events and activities, the undersigned athlete, parent /guardian hereby acknowledges, appreciates and agrees to the following:

1. I acknowledge I have voluntarily chosen to participate in the above referenced activity and I have full knowledge of the risks this activity presents, including travel to, participation in, and returning from the activity.
2. I understand the risk of injury from the activities involved in this program is significant, including the potential for injury, permanent paralysis and death. I further understand and agree to assume responsibility for risk of theft, loss, or damage to my personal property, which may occur at any time arising out of my participation in this activity.
3. **I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS**, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE JACKSON JETS** or others and assume full responsibility for my participation.
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the **JACKSON JETS** their coaches, volunteers, drivers, officers, officials, agents, successors, assignees and or employees, other participants and owners with respect to any and all injury, disability, death or loss or damage to person or property, whether arising from the negligence of the **JACKSON JETS** or otherwise. This Agreement represents the complete understanding between the parties regarding these issues and no oral representation, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provisions.

I have carefully read this agreement and fully understand all of its terms and conditions. I understand this is a release of liability, which could legally prevent me from filing a lawsuit or making any other legal claim for damages in the event of my death or injury. With this knowledge, I am entering into this agreement fully and voluntarily. I agree the agreement is binding upon me, my spouse, my heirs, my children including any guardian ad litem for the children, my assignees, and legal representatives.

I understand and agree by signing this waiver and release on behalf of my minor child that I am giving up the same rights for the minor as I would be giving up if I signed this document on my own behalf.

Date

Athlete Printed Name

Signature (Not required if under 18)

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

JACKSON JETS 2019/20
MEDICAL TREATMENT CONSENT

The undersigned athlete and/or parent/guardian acknowledges that the activities of the **JACKSON JETS** involve transportation, athletic practice, and athletic competition, and other activities which may result in physical injury. If the undersigned athlete requires immediate and/or medical treatment (including, but not limited to, hospitalization, X-rays, surgery, anesthesia, and/or blood transfusion). The undersigned athlete and/or parent/guardian hereby authorizes any **JACKSON JETS** staff, administrative council member, coach, volunteer or other participant to seek medical treatment for the listed named athlete at any medical facility and consent to any necessary medical care treatment as deemed necessary by a licensed healthcare provider. The undersigned athlete and/or parent/guardian understand this authorization is given in advance of any specific diagnosis, treatment, or hospital care and it is given to provide the **JACKSON JETS** staff authority to seek medical treatment, and to provide a licensed health care provider the authority to administer this treatment as he/she judges necessary to the undersigned named athlete. This authorization is specifically limited to any injuries arising out of the activities of the **JACKSON JETS**. The undersigned athlete parent and/or guardian understand whenever possible, The **JACKSON JETS** staff will make a good faith effort to contact me before treatment is sought. The undersigned athlete and parent/guardian acknowledge that they are responsible for payment for any medical care provided under this authority. This authorization ends on 8/31/2020.

Date

Athlete Printed Name

Signature (Not required if under 18)

Date

Parent/Guardian Printed Name

Parent/Guardian Signature

Daytime phone: _____ Evening phone: _____

List any known medication taken by athlete: _____
