



FILCOM BASKETBALL ASSOCIATION RELEASE OF LIABILITY WAIVER



Personal Information

Full Name: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

_____ *City* *State* *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: _____ Age: _____

League Division : 6' And Under: Open: 30 & Over:

Emergency Contact Information

Full Name: _____
Last
First
M.I.

Address: _____
Street Address
Apartment/Unit #

_____ *City* *State* *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____
 (Contact must be an immediate family member who knows your health history and will be able to assist in any emergency.)

I hereby apply to participate in the FILCOM Basketball League. I am acquainted with the various risks of participating in this activity including, without limitation, the significant risk of serious personal injury or death to myself and others and the significant risk of personal property damage or destruction, and hereby assume all risks and consequences associated with or arising in connection with such participation.

I hereby agree to indemnify and hold harmless the FILCOM Basketball Association, their employees, volunteers, and all organizations involved in the coordination, hosting, staffing and contribution of equipment, supplies, their agents, officials and employees from and against any and claims, damages, actions, liability and expenses in connection with loss of life, personal injury and/or damage to property arising out of my participation in the above-referenced activity.

I hereby give FILCOM Basketball Association, its assigns, licenses, and legal representatives the irrevocable right to use my name, picture, portrait or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes, and I waive any rights to inspect or approve the finished product, including written copy, which may be created in connection therewith.

I hereby agree to read the guidelines provided, by the FILCOM Basketball Association, available online at (www.filcomhoops.com) and it is my responsibility to understand the Code of Conduct and the Rules and Regulations or request assistance from my team captain to better understand the guidelines.

I HAVE READ AND UNDERSTAND THIS WAIVER, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE DONE SO FREELY AND VOLUNTARILY WITHOUT ANY ASSURANCE OR GUARANTEE BEING MADE TO ME AND I INTEND THIS WAIVER TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

SIGNATURE: _____ DATE: _____

(I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are in good faith. I understand that a false or dishonest answer to any question in this application may be grounds to disqualify eligibility to participate in any FILCOM Basketball Association activities.)

Note: The collection of information will be used to determine eligibility to play and kept in file for future use on any activities. On behalf of FILCOM, we thank you for your participation.....HAVE FUN!!!!