



**WAIVER AND RELEASE OF LIABILITY
2012 Li'l Hoopsters Basketball Season**

PLAYER: _____
Last Name First Name MI

BIRTHDATE: _____ **GRADE:** _____

PARENT'S OR GUARDIAN'S INFORMATION:

MOTHER'S/GUARDIAN'S NAME: _____

ADDRESS: _____ **APT:** _____

CITY: _____ **ZIP CODE:** _____

TELEPHONE: _____ **E-MAIL:** _____

FATHER'S/GUARDIAN'S NAME: _____

ADDRESS: _____ **APT:** _____

CITY: _____ **ZIP CODE:** _____

TELEPHONE: _____ **E-MAIL:** _____

I understand that any cost incurred for emergency medical, surgical, or dental treatment shall be my sole responsibility.

MEDICAL INSURANCE CARRIER: _____

INSURED MEMBER #: _____ **GROUP #:** _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes No

If yes, please describe the condition below:

I am aware that basketball is a strenuous sport and that participation in basketball games, training, and conditioning can result in physical injury such as sprains, broken bones, head injuries, and on occasion, even death. I am fully familiar with my child's medical and physical condition. My child has no illness or other medical condition which prevents him or her from fully participating in a vigorous sport such as basketball or which would be aggravated or exacerbated by or otherwise result in a worsening of my child's medical or physical condition due to his or her participation in basketball games, training or conditioning. I understand the coaches, assistant coaches, parents and other team members acting in such capacities or the capacity of activity supervisors will rely on the foregoing representation. For and in consideration of my child being permitted to participate in Hollywood Dodgers and its affiliated organizations, and in their basketball games, training and conditioning, I, the undersigned parent or guardian, hereby voluntarily waive, release, discharge, and relinquish for myself and my family, including my child, our heirs, successors, and assigns, any and all liability, claims, suits, actions, or causes of actions against the coaches, assistant coaches, parents, and other team members, for personal injury, death, or property damage occurring to my child arising from my child's participation therein and in any activity incidental thereto wherever or however the same may occur, and whether the same may arise from the negligent acts or omissions of any of said persons, or otherwise.

If it becomes necessary for my child to have medical, surgical, or dental care while participating in any of the aforementioned activities, I hereby authorize the coaches, assistant coaches, parents or team members, acting in such capacities or as activity supervisors, as my agents to consent to medical, surgical, or dental examination and treatment. In case of such emergency, I hereby authorize treatment and care by any physician at any hospital. In case of an emergency for which I cannot be reached, please contact:

EMERGENCY CONTACT: _____

RELATIONSHIP: _____ **PHONE #:** _____

I have read all of the foregoing and am fully aware of the legal consequences of signing this instrument.

SIGNATURE OF PARENT/GUARDIAN DATE

WITNESS DATE



Photography Release Form

I, the undersigned, grant permission to the Hollywood Dodgers, Hollywood Dodgers Las Vegas Invitational tournament committee, and/or East/West Optimist to photograph, tape, film, or make an audio recording of my child's participation during Hollywood Dodger activities. I grant the aforementioned groups an irrevocable license to produce, copy, display, perform or otherwise use these materials (including print, home video, CD-ROM, internet and any other electronic medium presently in existence or invented in the future). I also understand that once my image is posted on the Hollywood Dodgers' website, the image can be downloaded by any computer user. I understand that use of the material is not for commercial purposes, but for the promotion and publication purposes of the Hollywood Dodgers, Hollywood Dodgers Las Vegas Invitational, and/or East/West Optimist. I agree that my child may be identified as a participant in the event being recorded.

I release the Hollywood Dodgers, its officers, coaches, team representatives, the Hollywood Dodgers Las Vegas Invitational tournament committee, and East/West Optimist officers from any liability connected with the publication, reproduction, release or other use of these materials and agree not to bring any claims against them growing out of such publication, release, reproduction or other use of these materials.

I agree that no further consent or approval is needed for any future use of the materials, and waive any payment for the photos, now and in the future.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

I hereby agree to release, defend, and hold harmless the Hollywood Dodgers, Hollywood Dodgers Las Vegas Invitational tournament committee, and East/West Optimist officers and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

AGREED TO AND ACCEPTED this _____ day of _____, 20____

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Participant's name _____