

Wolf Pack Basketball Training Program – Player Registration / Waiver Form 2017 / 18

PERSONAL INFORMATION: First name, middle initial, last name:			Fall Player Development () Winter Player Development: () Spring Player Development () High Performance Team: ()	Wolf Pack Boys / Girls Basketball Program
Home Phone: () ()	Cell Phone: () ()	Fax: () ()	Email:	
Current Address: Street _____ Apt./Unit # _____ City _____ Province _____ Postal Code _____				
Language of Preference: <input type="radio"/> English <input type="radio"/> French			Gender: <input type="radio"/> Male <input type="radio"/> Female	
Birth Date (dd/mm/yy):			Place of Birth:	
Height:	Position:	School Attending (in Sept):		Grade Entering:
Any know medical / physical conditions or injuries coaches should be aware of:				

RELEASE OF LIABILITY, WAIVER OF CLAIMS, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT DEFINITION; In this agreement, the term Basketball Activities shall include all activities in any way directly or indirectly related to the tournament or program I am participating in, and shall not be limited to transportation, warming up, playing, watching, receiving instruction or being coached.

ASSUMPTION OF RISK I am aware that the Basketball Activities involve many risks, dangers and hazards including but not limited to: accidents on or near the court, accidents at the tournament, transportation to and from the court, the negligence of the other players or other parties participating in the Basketball Activities, negligence on the part of Basketball Yukon, and Wolf Pack Development Program including the failure by Basketball Yukon or Wolf pack Player Development program to safeguard and protect me from the risks, dangers and hazards of Basketball Activities. I freely accept and fully assume all risks, dangers and hazards associated with the Basketball Activities and the possibility of personal injury, death, property damage or loss resulting there from. I will be responsible for all medical costs and expenses following, directly or indirectly, from my participation in the basketball activities. I understand that if I know or suspect that my physical condition may be incompatible with the Basketball Activities that I should seek medical advice before undertaking the Basketball Activities.

RELEASE OF LIABILITY, WAIVER OF CLAIMS AND INDEMNITY AGREEMENT In consideration of Basketball Yukon and Wolf Pack Basketball agreeing to allow me to participate in the Basketball Activities and permitting my use of its equipment and facilities, and for other good and valuable consideration, the receipt and sufficiency of which is acknowledged, I hereby agree as follows:

TO WAIVE ANY AND ALL CLAIMS that I have or may have in the future against Basketball Yukon, its Directors, officers, employees, agents, instructors, independent contractors, subcontractors and representatives (all of whom are herein after referred to as the Releasees and to RELEASE THE RELEASEES from any and all liability for any loss, damage, expense or injury including death that I may suffer or that my next of kin may suffer as a result of my participation in the Basketball Activities, due to any cause whatsoever, including NEGLIGENCE, BREACH OF CONTRACT, BREACH OF ANY STATUTORY OR OTHER DUTY OF CARE INCLUDING ANY DUTY OF CARE UNDER THE OCCUPIERS LIABILITY ACT ON THE PART OF THE RELEASEES AND FURTHER, INCLUDING FAILURE ON THE PART OF THE RELEASEES TO SAFEGUARD AND PROTECT ME FROM THE RISKS, DANGERS AND HAZARDS OF THE BASKETBALL ACTIVITIES REFERRED TO ABOVE. I agree to hold harmless and to indemnify the Releasees from any and all liability for any property damage or personal injury to any third party resulting from my participation in the Basketball Activities. I agree that this agreement shall be binding upon my heirs, next of kin, executors, administrators and assigns in the event of my death. I agree that this agreement shall be governed and interpreted in accordance with the laws of the Yukon Territory and any litigation involving the parties to this agreement shall be brought in the Yukon. In entering into this agreement I am not relying on any oral or written representation or statements made by the Releasees with respect to the safety of the Basketball Activities other than as set forth in this agreement.

Dated this _____ day of _____, 2017

Signature of Participant

Print name

Signature of Parent or Guardian (if participant is under 18 years old)

Print name

