



LIABILITY WAIVER



I THE UNDERSIGNED:

April 24, 2024

Guardian of Athlete _____

ATHLETE LAST NAME, FIRST NAME: _____, _____

CLASSICS AAU BASKETBALL CLUB SUPPLEMENTAL WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK, WAIVER OF LIABILITY, and INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of the Classics AAU Basketball Club athletic programs and related team practices, club

and team events including tryouts, outdoor workouts, competitions such as games, league and tournaments, training sessions, and other related

Classics AAU Basketball club activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious disease including, but not limited to, MRSA, influenza, and COVID-19.

While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF

THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious

diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from

participation and bring such to the attention of the nearest club official immediately; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS

the Classics AAU Basketball Club, their officers, officials, agents, coaches, and/or volunteers, employees, other participants, sponsoring

agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH

RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM

THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND

THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward

including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable

diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

Records Management Note: The signed waiver/release will be kept on file by the sports organization for at least 7 years and possibly longer

ATHLETE: _____ DATE: _____

PARENT/GUARDIAN: _____ DATE: _____