

## Waiver and Release of Liability

**ALL TEAM MEMBERS INCLUDING COACH AND SPECTATORS MUST READ AND COMPLETE THIS FORM PRIOR TO ENTERING THE METUCHEN SPORTSPLEX COURT**

I wish to participate/come in the \_\_\_\_\_ WMC Basketball tournament and/or watch the activity inside the sports complex (collectively referred to herein as the "WMC Basketball tournament").

### **PARTICIPANT WAIVER AND RELEASE OF LIABILITY AND IMAGE RELEASE (PLEASE READ AND AGREE BELOW)**

I agree that any and all representations made and releases, waivers, covenants, consents and permissions given by me hereunder are given on behalf of me and any and all of my minor children or persons over whom I have guardianship participating in or attending the WMC Basketball tournament.

### **WAIVER AND RELEASE OF LIABILITY**

I understand that the WMC Basketball tournament is a potentially hazardous activity, and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury or accident that may occur during my participation in the WMC Basketball tournament (referred to herein as "my participation").

I understand that during my participation, I will be using equipment and facilities that do not belong to and/or are not controlled by World Malayalee Council NJ Province, and I am aware of and appreciate the risks that may result. I am aware that the use of said equipment and facilities are at the sole discretion of Metuchen Sportsplex, and that World Malayalee Council NJ Province is not responsible for any loss associated with use or availability of said equipment and facilities. I am also aware that accidents may occur during my participation that could result in serious injury or death.

My participation is voluntary with knowledge of all such risks. In consideration for being permitted to participate in the WMC Basketball tournament, I hereby agree to adhere to the policies of World Malayalee Council NJ Province. I understand that the WMC Basketball tournament organizers reserve the right, in their sole discretion, to refuse registration and/or participation to anyone at any time before or during the WMC Basketball tournament

### **IMAGE RELEASE**

I understand that my name, picture, voice, or likeness, and information related to my participation in the WMC Basketball tournament, whether the foregoing is captured by photograph, videotape, audiotape or any other recording, (collectively "image") may be used for all promotional purposes related to the WMC Basketball tournament by World Malayalee Council NJ Province.

I have carefully read this Waiver and Release of Liability and Image Release, fully understand its contents and agree to all statements of understanding set forth above.

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Signature

Date

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Printed Name

**PARENTAL/LEGAL GUARDIAN  
CONSENT FORM AND LIABILITY WAIVER**

Participant's name \_\_\_\_\_ Age \_\_\_\_\_ M \_\_\_ F \_\_\_

Parent/Guardian's name \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate in this World Malayalee Council of NJ Province (WMC NJ) Basketball Tournament event on Metuchen Sportsplex, Metuchen, NJ site. This activity will take place under the guidance and direction WMC NJ coordinators and/or volunteers from outside of WMC NJ.

A brief description of the activity follows:

- Type of event \_\_\_\_\_
- Destination of event   Basketball Game
- Individual in charge \_\_\_\_\_
- Estimated time of departure \_\_\_\_\_ return \_\_\_\_\_
- Mode of transportation to and from event \_\_\_\_\_

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor (participant).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend WMC NJ and other facilitating gym, sport center, its officers, directors, employees, volunteers and agents or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the WMC NJ, its officers, directors and agents, and its employees and agents, and volunteers, or representative associated with the event for reasonable attorney's fees and expenses which they may incur in any action brought against them as a result of such injury or damage.

**Medical Matters:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency medical treatment is required due to illness or injury and I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment and utilize emergency transportation. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers please contact \_\_\_\_\_

\_\_\_\_\_  
Name and relationship

\_\_\_\_\_  
Phone Number

Player's name \_\_\_\_\_

Family doctor \_\_\_\_\_

Phone # \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)

**Other Medical Treatment:** In the event it comes to the attention of the WMC NJ, its officers, directors, agents, volunteers, and the representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea etc. I want to be called collect (with phone charges reversed to myself).

**Specific Medical Information:** The WMC NJ will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, food, plants, insects, etc.)  
\_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? Specify: \_\_\_\_\_

Any physical limitations? Specify: \_\_\_\_\_

Is teen subject to sleepwalking, fainting? Specify: \_\_\_\_\_

Has teen recently been exposed to contagious disease or conditions, such a mumps, measles, chicken pox, etc.? If so, date and disease or condition? Specify: \_\_\_\_\_

You should be aware of these special medical conditions of my child. Specify: \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

PRINT NAME: \_\_\_\_\_