

GIRLS

EASTERN HILLS GIRLS BASKETBALL LEAGUE

**AGREEMENT AND RELEASE OF LIABILITY
(With Consent of Parent or Guardian of Minor)**

DATE _____

NAME OF PLAYER _____ PHONE _____

ADDRESS _____ ZIP _____ DATE OF BIRTH _____

PARISH/SCHOOL SUMMIT COUNTRY DAY GRADE _____ SCHOOL YEAR _____

I acknowledge that participating in the sports of basketball can be a dangerous activity involving many risks of injury. I further acknowledge that the Eastern Hills Basketball League (the "EHGBL") is a non-profit corporation formed to advance league play of the Sports, the efforts of which directly benefit me. I, in consideration of the acceptance of me by the EHGBL as a participant in a sports league operated by it, do for myself, my heirs, assigns and personal representatives, hereby waive, release and forever discharge any and all liabilities, claims, losses, demands, costs, expenses or rights of action, of whatever kind or nature, which I have or which may hereafter accrue to me against the EHGBL, the parish/school listed above, or their respective trustees, officers, employees, coaches, agents, administrators, members, sponsors, promoters or affiliates, arising from or by reason of any bodily or personal injury or property damage which may be sustained by me directly or indirectly in connection with my participation in any of the Sports during or following the above school year. I agree, for myself and successors, that this Agreement and Release of Liability contains the entire agreement between myself and the EHGBL and that the terms hereof are contractual and not a mere recital. I currently have no known physical or mental condition that would impair my capability for full participation as intended and expected of me (except for _____).

SIGNATURE OF STUDENT: _____ DATE: _____

PARENT OR GUARDIAN OF A MINOR: I, as parent or guardian of the Student, represent to the EHGBL that the facts herein concerning my child or ward are true. I hereby give my permission for my child or ward to participate in the Sports during the above school year, and further agree, individually and on behalf of my child or ward, to the terms of the above Agreement and Release of Liability.

SIGNATURE OF PARENT OR GUARDIAN: _____ DATE: _____

SIGNATURE OF WITNESS: _____ DATE: _____