

BASKETBALL PLAYER WAIVER, RELEASE OF LIABILITY, INDEMNIFICATION, AND ROSTER FORM

The undersigned Player (or parent or legal guardian of a minor player) states and agrees as follows:

- 1.) The undersigned agrees that player voluntarily participates in playing basketball and assumes all risks associated with such play, to include but not limited to the possibility of contracting COVID-19/SARS-COV2/the coronavirus.
- 2.) The undersigned acknowledges that there are risks and hazards in playing basketball including, but not limited to, those caused by court Conditions, playing conditions, equipment and other participants, in addition to the acts of dribbling, passing, shooting, and dunking a Basketball, running, jumping, stretching, sliding, diving and collisions with other players, spectators, or stationary objects, any of which may cause death or serious injury to the player. Players/guardians also acknowledge that, under the current conditions of a pandemic, there is a possibility to contract COVID-19/SARS-COV2/the coronavirus.
- 3.) In consideration of the City of Buckhannon Stockert Youth Center and the Upshur County Recreation Complex, Inc allowing play on the courts owned, operated, or used by the City of Buckhannon, I AGREE TO INDEMNIFY AND HOLD HARMLESS AND RELEASE the City of Buckhannon Stockert Youth Center, the Upshur County Recreation Complex, Inc and their officials, employees, agents and assigns from any and all claims, demands, lawsuits, costs and attorney’s fees arising out of playing in the City’s program listed above. This release and Indemnification shall be effective and bind any and all heirs, dependents, executors, and assigns.
- 4.) I ACKNOWLEDGE THAT I HAVE THE RIGHT AND OBLIGATION TO INSPECT the Court and areas surrounding prior to each game and agree to play in the “as is” condition. If I find the court is not safe, I have the right to choose not to play.
- 5.) I acknowledge that I have read the foregoing instrument and understand its terms and agree to abide by its terms and conditions.

TEAM NAME: _____

DATE: _____

Player	Player's Signature	Address	City, Zip	Cell Number	Fees pd?
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