



THE BRIDGE BUILDING PROGRAM

• WAIVER & RELEASE OF LIABILITY •

DISCLAIMER: THE BRIDGE BUILDING PROGRAM/FLAGLER COUNTY SCHOOL BOARD IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING, OR IN ANY OTHER WAY INVOLVED IN THE BRIDGE BUILDING PROGRAM FOR ANY REASON WHATSOEVER, INCLUDING ORDINARY NEGLIGENCE ON THE PART OF THE BRIDGE BUILDING PROGRAM, ITS AGENTS OR EMPLOYEES.

In consideration of my participation, I hereby release and covenant not-to-sue The Bridge Building Program/Flagler County School Board and any of its employees or agents, from any and all present and future claims resulting from ordinary negligence on the part of The Bridge Building Program/Flagler County School Board, or others listed for property damage, personal injury, or wrongful death, arising as a result of my participating in The Bridge Building Program. I hereby voluntarily waive any and all claims resulting from ordinary negligence, both present and future, that may be made by me, my family, estate, heirs, or assigns.

Further, I am aware that participation in basketball may involve injury of some type. The severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons or muscles, to catastrophic injuries to the head, neck, and spinal cord. On rare occasions, injuries can be so severe as to result in total disability, paralysis, or death.

I am voluntarily participating in this activity with knowledge of the risks involved and hereby agree to accept any and all inherent risks of personal injury, property damage, or death. I further agree to indemnify and hold harmless The Bridge Building Program/ Flagler County School Board , and others listed for any and all claims arising as a result of my participation in The Bridge Building Program or any activities incidental thereto, wherever, whenever, or however the same may occur.

I affirm that I am of legal age and am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies, which may be available to me for the ordinary negligence of The Bridge Building Program, or any of the parties listed above.

By my signature hereunder, I warrant that I am in good physical condition, and am capable of full and active participation in The Bridge Building Program.

I certify that the participant is covered by medical insurance and accept responsibility for payment of all medical and related services arising from participation in The Bridge Building Program/ Flagler County School Board. In addition, I/We being the parents or legal guardians of the participant authorize The Bridge Building Program/ Flagler County School Board , and its agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our dependent.

Parent's / Guardian Signature: _____

Date: _____ 20_____

Participant's Print

First Name: _____ **Last Name:** _____



Please Check (1):

Beginner _____

Intermediate Player _____

Advance Player _____

Age: _____ **(Circle) Sex: Male or Female**

Birth Date: ____/____/____

Home Address: _____ **City:** _____ **State:** _____

Zip: _____

Home Phone: (____) _____

Emergency Phone (____) _____

Medical Problem: _____

Medication: _____

Injuries: _____

Emergency Contact Name: _____

Phone (____) _____

Relationship of Emergency Contact: _____

Height: _____ **Weight:** _____ **School:** _____ **Grade:** _____

Is your child in need of tutoring? Circle YES / NO

If yes, please select the subject or subjects:

1. Language Arts 2. Reading 3.Math 4. Science 5. ACT / SAT

6. Other subjects _____