***201\_ Fall / Spring / Summer* – ADULT SPORTSMANSHIP LEAGUE**

# **PARTICIPANT’S WAIVER OF CLAIM & INDEMNITY AGREEMENT**

**TEAM:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COACH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-MAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(H)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(W)**

For and in consideration of the provision of the above-mentioned program, I expressly understand and hereby waive, release, discharge, and agree to hold harmless and indemnify Ikaika Basketball Club, its officers, employees and agents, individually and in their capacity, from all liability or loss of any claim for death, injury, or damage to or loss of property resulting directly or indirectly from the actual or proposed participation in the above-mentioned program. I further avow that the aforesaid waiver, release, discharge, and agreement shall be applicable to any owner of a facility and/or property at or upon which the program is held.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT:

|  |  |  |  |
| --- | --- | --- | --- |
| **JERSEY**  **NO.** | **PRINT NAME OF**  **PARTICIPANT** | **Cell Number** | **SIGNATURE** |
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**PAYMENT LOG**

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| --- | --- | --- | --- |
| DATE | PAYMENT TYPE (CASH/CHECK) | AMOUNT | REMAINING BALANCE |
| 06-28-15 | LEAGUE FEE |  | $600.00 |
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