

AZ Mustangs Medical and Photo Release  
MEDICAL RELEASE FORM

On behalf of \_\_\_\_\_ (minor's name), my minor child, and as an inducement to allow her participation in the AZ Mustangs Basketball Club, I hereby warrant that both myself and my child are familiar with the risks associated with participation in an active sport such as basketball; furthermore, I warrant that my child is active, in good health, and anxious to play basketball. I do hereby agree and consent to my child's participation in the club program and all the activities associated therewith, including, without limitation, practices, tournament play, and travel to and from the same and that my child and I also assume all risks and hazards which are incidental to the conduct of such activities. On behalf of myself and my child, I hereby release and absolve and agree to indemnify and hold harmless AZ Mustangs Basketball Club, Club Coach/Director Gary Rath, and their respective officers, directors, employees, agents, and coaches (including, without limitation any of their sponsors, organizers, and supervisors of any and all liability or damage, injury, or expense of any kind arising out of, or connected with, my child's participation in the club activities, including, without limitation, practices, travel and tournaments. I further understand that in case of an injury or medical emergency, I am responsible for the cost of medical care either personally or through my own personal medical plan/insurance. Participation in competitive athletics may result in serious injury. It is impossible to TOTALLY eliminate such occurrences from competitive sports. EVEN IF THE ATHLETE IS IN EXCELLENT PHYSICAL CONDITION WITH PERFECT EQUIPMENT, SERIOUS ACCIDENT MAY STILL OCCUR. AS A CONDITION OF PARTICIPATION IN BASKETBALL BY MY SON/DAUGHTER, I ACKNOWLEDGE THAT I HAVE READ THIS RELEASE AND CONSENT FORM AND KNOWINGLY, ON BEHALF OF MY CHILD, ASSUME ALL OF THE RISKS ASSOCIATED WITH PARTICIPATING IN ANY WAY IN THE AZ MUSTANGS CLUB BASKETBALL PROGRAM.

\_\_\_\_\_  
Parent/Legal Guardian Name (please print)

Date\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

Authorization for Emergency Medical Treatment of Minor

As the undersigned parent/legal guardian of \_\_\_\_\_ (minor's name), a minor, in connection with her participation in the basketball club and travel activities, I hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act, as applicable, or a Dentist licensed under the provisions of the Dental Practice Act, as applicable, and on the staff of any acute general hospital holding a current license to operate a hospital or clinic. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the Tournament/League Director and coaches to obtain medical care and to the medical care provider to render such care as the aforementioned medical care provider in the exercise of best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date\_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

Medical Insurance Information: Insurer: \_\_\_\_\_ Group No. \_\_\_\_\_

**This form must be completed and on file with coach Rath before your son/daughter can participate in any practices or games. No exceptions.**

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Photo Release

For good and valuable consideration, the receipt of which is hereby acknowledge, I \_\_\_\_\_(parent or guardian name), hereby authorize the AZ Mustangs permission to use my child’s likeness in a photograph in any and all of its publications, including but not limited to all printed and digital publications. I understand and agree that any photograph using my child’s likeness will become property of the AZ Mustangs and will not be returned.

I acknowledge that since my participation is voluntary, I will receive no financial compensation.

I hereby authorize AZ Mustangs to edit, alter, copy, exhibit, publish or distribute photos for purposes of publicizing their programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photography.

I hereby hold harmless and release and forever discharge AZ Mustangs from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other person action on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and fully understand the contents, meaning, and impact of this release.

Signed by (print) \_\_\_\_\_

Signature \_\_\_\_\_

Date\_\_\_\_\_