

**THE CITY OF AIRDRIE MINOR BASKETBALL ASSOCIATION  
WAIVER OF LIABILITY & RELEASE FORM**

Date: \_\_\_\_\_ Event: \_\_\_\_\_

Player Name: \_\_\_\_\_  
Last Name First Name Goes By

Male: \_\_\_\_\_ Female: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alt. Emerg#: \_\_\_\_\_ AHC#: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION, WAIVER OF LIABILITY & RELEASE**

I (We) give permission for the above named Player to play basketball and on behalf of the Player hereby waive any and all claims against The City of Airdrie Minor Basketball Association ("AMBA"), its Board of Directors, Coaches, Officials, Volunteers and other agents and representatives due to any injury or damage that may occur traveling to, attending, participating in and traveling from an AMBA sponsored basketball event.

I AGREE TO SAVE HARMLESS AND KEEP INDEMNIFIED the AMBA and/or the AMBA, its organizers, and their respective agents, officials, servants and representatives from and against all claims, actions, costs and expenses and demands in respect to death, injury, loss or damage to the Player, my person and/or property, howsoever caused, arising out of or in connection with taking part in this event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the said bodies, or any of them, their agents, officials, servants or representatives. It is understood and agreed that this Agreement is to be binding on myself, the Player, heirs, executors and assigns.

I (We) accept full responsibility for any lost, stolen or unduly damaged equipment and facilities caused by the Player.

I (We) give permission to AMBA to take and use photographic information of the Player solely for the promotion of the AMBA and understand that AMBA will not release personal or confidential information to any persons outside of the AMBA.

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_