

Fort Saskatchewan Youth Basketball – Fort Court Queens 3x3 Tournament - WAIVER AGREEMENT

Event Date: April 25, 2026

This is an important document. By signing it, you are affecting your legal rights. You must read it carefully and understand it before signing. It is a condition of your entry to and your participation in Fort Court Queens 3x3 Tournament that you read and sign this document on behalf of your teams complete roster of 4 participants.

DEFINITIONS

1. For the purposes of this document, the "Tournament Organizers" means Fort Saskatchewan Youth Basketball operating under Fort Saskatchewan Minor Sports Associations as per the laws of the Province of Alberta; "host municipalities and communities" means the municipal corporation of the host municipalities and communities, a municipality within the Province of Alberta; the volunteers; and all officers, directors, employees, contractors, representatives and agents of any of these entities

PHYSICAL HEALTH

2. I acknowledge and certify that:
 - I. Participation in basketball is a test of a person's physical and mental limits, and carries with it the potential for minor injuries such as slips, trips, falls, bruises, sprains, strains etc. Major injuries (concussions, breaks etc.) less likely but also possible. In rare cases major incidents can lead to death, serious personal injury, and/or property loss.
 - II. I (my child) am/is physically fit and have no pre-existing medical conditions which will negatively affect or impede my/his/her/their ability to compete in the basketball tournament and have not been advised against participation in the sport of basketball specifically, or any physical activity, or athletic activity in general, by a qualified health professional.
 - III. I have completed the medical disclosure form attached to this waiver accurately, honestly, completely, and to the best of my ability.

ACKNOWLEDGEMENT OF RISK

3. In consideration of being permitted to participate in Fort Court Queens 3x3 Basketball Tournament, I acknowledge, agree and certify the following
 - 3.1 I acknowledge that there may be people, small hazards or equipment, objects or materials on or around the court and venues in general which may constitute hazards.
 - 3.2 I know of and appreciate all the risks associated with basketball, and all other risks associated with participating in Fort Court Queens 3x3 Tournament, and I accept and assume them of my own free will. These risks include but are not limited to:
 - 3.2.1 falls, collisions, contact or crashes with other participants, race officials, volunteers, spectators, or other obstacles or hazards;
 - 3.2.2 defects in my personal equipment or equipment provided by Tournament Organizers
 - 3.3 I further acknowledge the risk that the Event Organizers or individuals participating in controlling, officiating or involved in or contributing to the conduct of or organizing or watching Fort Court Queens 3x3 Tournament may act in a way which may result in harm or injury to me or my property. These risks are known and appreciated by me, and I accept them of my own free will, and/or on behalf of my child.

SAFETY PERCAUTIONS

4. Due to the physical nature of some of these activities, there is risk of injury, but the risks will be mitigated in the following ways:
 - General Protocols: -Instruction of proper technique and safety protocols for each activity; students not adhering to the protocols will not be allowed to participate further
 - Structured warm-ups that focus on stretching, strengthening, improving balance and movements prior to playing.
 - Basic skills should be mastered before moving to more complex skills.
 - First aid kit will be available at each venue.
 - I UNDERSTAND THERE ARE NO MEDICAL PROFESSIONALS HIRED FOR THIS TOURNAMENT including first responders or first aid certified individuals.

CONSENT TO MEDICAL TREATMENT

5. I consent to the administration to me/my child of first aid, emergency or other medical treatment, for the purposes of treating or relieving injuries or physical harm that I may suffer as a consequence of participation. I authorize licensed medical practitioners and hospitals or other medical or health care facilities to perform all medical procedures which they may consider, in their professional opinion, acting reasonably and in good faith, medically advisable to attempt to treat or relieve such injuries, including but not limited to the administration of anesthesia and provision of blood transfusions. I realize and appreciate there is a possibility of complications and unforeseen consequences in any medical treatment which I/my child may receive and I assume that risk. I acknowledge that no representations or warranties are made as to the results of any medical treatment.

INDEMNIFICATION

6. I waive, release, and discharge the Event Organizers, host municipalities and communities, their representative officers, directors, agents, employees, contractors, partners, sponsors and any medical staff or volunteers and any individuals participating in, controlling, officiating, involved in or contributing to the conduct or organizing or watching Fort Court Queens 3x3 Tournament from any and all claims, losses, demands, obligations, causes of action and lawsuits and all damages, liabilities, fines, judgments, costs, and expenses caused by liabilities for death, personal injury, partial or permanent disability, property damage, medical or hospital bills, theft or damage or any kind, including economic loss, which may exist or arise in the future due or relating to my participation in or my travelling to and from Fort Saskatchewan, or arising out of the risks I have assumed in participating in Fort Court Queens 3x3 Tournament as set out above whether or not caused by negligence, recklessness or willful misconduct of any person.

6.1 I agree not to sue or make any claim against any of the host municipalities and communities and Event Organizers for any of the claims, losses or liabilities that I have waived, released or discharged in this document.

6.2 indemnify, defend and hold harmless the Event Organizers from any and all claims made by me or liabilities assessed against Event Organizers as a result of

6.2.1 my actions or inaction;

6.2.2 the actions, inaction, recklessness, willful misconduct or negligence of others including the Event Organizers

6.2.3 the conditions of the facilities, equipment or areas where associated activities are being conducted

6.2.4 any other cause arising from an occurrence related to the Event.

6.4 By signing this document, I bind myself, my executors, administrators, heirs, next of kin, successors and assigns and any other person who may claim or sue on my behalf.

EXECUTION OF WAIVER

For persons eighteen (18) years of age or older, please sign the following waiver. I CONFIRM THAT:

- I AM EIGHTEEN (18) YEARS OF AGE OR OLDER;
- I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS; AND
- I AGREE TO ENTER INTO THE WCTEE AND SIGN THIS DOCUMENT OF MY OWN FREE WILL AND DESIRE.
- I HAVE FULL CONSENT TO SIGN FOR ALL 4 TEAM MEMBERS VIA VERBAL OR WRITTEN CONSENT OF ALL PARENT, GUARDIANS OF EACH TEAM MEMBER.

SIGNATURE: _____

PRINTED NAME: _____

DATE: _____

For persons under eighteen (18) years of age, please have a parent or legal guardian sign the following waiver. I CONFIRM THAT:

- I AM EIGHTEEN (18) YEARS OF AGE OR OLDER;
- I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENTS;
- I AM THE PARENT OR LEGAL GUARDIAN OF THE MINOR NAMED IN THIS DOCUMENT (THE "MINOR");
- I ACKNOWLEDGE THAT I HAVE EXECUTED THIS WAIVER FOR AND ON BEHALF OF THE MINOR; AND
- I BIND MYSELF AND THE MINOR IN RELATION TO ALL THE MATTERS REFERRED TO IN THIS DOCUMENT

MINORS NAME: _____

PARENT/GUARDIANS SIGNATURE: _____

PRINTED PARTENT/GUARDIANS NAME: _____

DATE: _____

MEDICAL DISCLOSURE SECTION

RACE #	MEDICAL INFORMATION	INITIAL
Youth Friday Festival	NONE: _____ REFUSE DISCLOSURE: _____	
	Medical Conditions: _____	
	Allergies: _____	
	Medications: _____	