

Hold harmless agreement

Participant's Name _____ Age _____
D.O.B _____

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE VOLUSIA COUNTY ELITE BASKETBALL USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED BY SIGNING THIS FORM YOUR ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM VOLUSIA COUNTY ELITE BASKETBALL IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE VOLUSIA COUNTY ELITE HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

As a participant engaging in a basketball tournament game that is hosted by Volusia County Elite Basketball, I (parent/guardian) assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify, and agree to hold harmless the Volusia County Elite Basketball or its officers, agents, employees, and/or representatives for any claim arising out of an injury while participating in said activity. I am aware that the Volusia County Elite Basketball does not carry accidental or personal liability insurance for teams/players. Players participate at their own risk. I hereby certify I am eligible according to AAU rules or Volusia County Elite Basketball Rules and hereby agree to abide by such rules and regulations. I also acknowledge that the Volusia County Elite Basketball can adjust any rules or regulations at any time during the tournament. I (parent/guardian) grant my full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for the Volusia County Elite Basketball informational promotional use. Signing below state I agree to all of these conditions and I release liability for my child to participate in this recreational activity.

Parent/Guardian Signature Please Print Name Date

Witness BY Please Print Name
Date