

Tiger Fall Brawl Waiver of Liability Form

DCHS Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement of Participation in Tigers Fall Brawl 3on3 Tournament

In consideration for permitting the participant to participate in Tigers Fall Brawl 3on3 tournament at Dekalb County Schools, I agree to the following:

Assumption of Risk, Release and Waiver: Participating in tournament requires an acceptance of risk of injury. Dekalb County Schools has taken reasonable precautions to minimize the risk of significant injury by providing well-maintained equipment and facilities, as well as medical care professionals on call or at the facility. The chances of an athlete sustaining a catastrophic sports injury are extremely remote, yet understand that serious injuries can happen to anyone. Participation in basketball could result in death, serious nerve and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, and serious injury or impairment to other aspects of your body, general health and well-being. Each one of you risk becoming tragically injured.

With this understanding, the undersigned do hereby WAIVE and RELEASE DCHS, Dekalb County Schools, DCHS Basketball Booster Club, its directors, officers, faculty, staff, and volunteers, from all liability, arising out of any property loss, sickness or injury, including death, that may occur while participating in the tournament.

Indemnification and Hold Harmless: I agree to indemnify, defend and hold DCHS, Dekalb County Schools, DCHS Basketball Booster Club, its directors, officers, faculty, staff, and volunteers harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, the camp participant's participation in sports camp, except for those caused by the willful misconduct, gross negligence or intentional torts of the parties, as applicable.

First Aid: I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized. Other than medical emergency, I authorize Dekalb County Schools, DCHS Basketball Booster Club, its directors, officers, faculty, staff, and volunteers to examine and treat my child in the same way that school students are treated with the notification of parents being dependent on the judgment of the medical professional.

Acknowledgement of Understanding: I have read this Assumption of Risk, Release and Waiver of Liability and Indemnity Agreement. I fully understand this Agreement, and I acknowledge that I am signing this agreement freely and voluntarily.

Additionally, I am authorized to sign as the parent/legal guardian of the camp participant.

Camp Participant's Full Name Date of Birth

Camp Participant's Permanent Address

Signature of Parent/Guardian of Minor Date

Parent/Guardian Printed Name Parent/Guardian Permanent Address (if different)