



DRIVE MEDICAL & PROMOTIONAL RELEASE

I hereby represent that the player named below is in good health and has my permission to participate in the session named above. I hereby release the participating coaches and all other employees, officers, directors, agents, officials, facility owners, facility employees, board members, and volunteers affiliated with the DRIVE Basketball organization from and against any liability claims or demands for any injury or illness incurred at or as a result of the session named above. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of the player named below while he or she is attending the session named above. I also hereby grant my permission for the player named below to receive emergency medical treatment if needed. I will be responsible for any costs of medical treatment incurred at the session named above.

I also release all rights and privileges related to the use of photos and images of the player named below to promote DRIVE Basketball. I hereby provide my permission for DRIVE Basketball to use any photos and images on the DRIVE Basketball website and other electronic and printed media.

NAME OF PLAYER: _____ **AGE:** _____
(Please print)

Grade: _____ **School:** _____ **D.O.B.:** _____

NAME(S) OF PARENT/ LEGAL GUARDIAN: _____
(Please print)

Parent Email: _____ **DATE:** _____

PLAYER'S SIGNATURE: _____
(Required if Player is **over** 18 years of age)

PARENT'S SIGNATURE: _____ **DATE:** _____
(Required if Player is **under** 18 years of age)

Please provide completed form at the first meeting of the session named above.