



2023-2024 WAIVER FOR PARENTS / PLAYERS

RELEASE OF CLAIM AND CONSENT FOR MEDICAL TREATMENT

I, _____, the parent/guardian of _____ ("Participant"), recognizing the possibility of physical injury or illness associated with basketball and in consideration of the St. Louis Park Boys Traveling Basketball Association (SLPBTBA) hereby release, waive, discharge, covenant not to sue, and/or otherwise indemnify the SLPBTBA, its directors, officers, coaches, volunteers, and agents against any claim by or on behalf of Participant as a result of Participant's participation in the 2023-2024 SLPBTBA basketball season.

As the parent or legal guardian of Participant, I hereby give consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of Participant.

_____ *Name of Participant*

_____ *Signature of Parent/Guardian of Participant*