



TWINBULL SPORTS Liability Waiver Form

ATHLETE'S NAME: _____

DATE OF BIRTH: MO: _____ DAY: _____ YEAR: _____

HOME STREET ADDRESS: _____

CITY, STATE, ZIP: _____, _____

ATHLETE'S PHONE: (HOME) _____ (CELL) _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME & NUMBER: _____

MEDICAL WAIVER AND RELEASE

Twinbull Sports and any facilities where tryouts, practices, or games will be played will assume no liability for injury or damages arising from the results of the above named Athlete's participation unless due to the willful misconduct or gross negligence on the part of Twinbull Sports, its affiliates, agents, or authorized persons. Due to the strenuous nature of basketball, the Athlete participating is urged to consult their physician concerning the Athlete's fitness to participate. Basketball presents certain inherent risks and hazards, which the participating Athlete is urged to consider and which the Athlete assumes. By signing this document I hereby agree to participate in the Twinbull Sports program and consent to emergency medical treatment. To the best of my knowledge, there are no physical or other conditions, which will interfere with my participation.

In consideration of my engagement and participation with Twinbull Sports, I hereby release, discharge and covenant not to sue Twinbull Sports from any and all present and future claims or causes of action resulting from any accidents, injuries, deaths, or loss of and/or damage to my/our person(s) or property arising out of or connected with my participation in Twinbull Sports activities.

ATHLETE NAME: _____

ATHLETE SIGNATURE: _____ DATE: _____