

# Maximum Exposure Basketball Showcase

## INJURY WAIVER AND GENERAL RELEASE AGREEMENT

BY MY SIGNATURE I HEREBY AUTHORIZE AND CONSENT FOR \_\_\_\_\_ (Name) TO PARTICIPATE IN THE MAXIMUM EXPOSURE BASKETBALL SHOWCASE, INCLUDING ACTIVITIES TO BE HELD AT \_\_\_\_\_ (Event Location), ON \_\_\_\_\_ (Date) IN \_\_\_\_\_ (City). I HEREBY AGREE TO HOLD BLAMELESS AND INDEMNIFY, AND DO WAIVE AND FOREVER RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR ANY DAMAGES AND LIABILITIES OF ANY KIND FOR INJURIES, SICKNESS, AND DAMAGES OR LOSSES WHICH MIGHT BE SUSTAINED BY THE ABOVE NAMED INDIVIDUAL WHILE TRAVELLING TO AND FROM, ATTENDING, AND PARTICIPATING IN THIS EVENT. I FURTHER AGREE TO INDEMNIFY BRAD ESTES, ALL EMPLOYEES OF THE JUCO JOURNAL, AND ALL EMPLOYEES OF \_\_\_\_\_ (Event Location) FROM ANY AND ALL CLAIMS WHICH MAY HEREINAFTER BE PRESENTED BY THE ABOVE NAMED INDIVIDUAL OR HIS PARENTS OR GUARDIANS, AS A RESULT OF MY PARTICIPATION IN THIS EVENT, INCLUDING CLAIMS THAT ARE KNOWN AND UNKNOWN, FORSEEN AND UNFORSEEN, FUTURE OR CONTINGENT. THIS WAIVER WILL APPLY EVEN THOUGH THAT LIABILITY MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS NAMED IN THIS GENERAL RELEASE AGREEMENT. I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS INJURY WAIVER AND GENERAL RELEASE AGREEMENT. THIS AGREEMENT WILL BE BINDING ON ME, MY SPOUSE, MY CHILDREN, MY LEGAL REPRESENTATIVES, AND MY HEIRS, SUCCESSORS, AND ASSIGNS. FURTHER, I HEREBY ASSUME THE RISK OF ALL BODILY INJURIES, INCLUDING DEATH, RESULTING THEREFROM, AND PERSONAL INJURIES TO THE ABOVE NAMED INDIVIDUAL FROM HIS PARTICIPATING IN THIS EVENT, AND WHILE TRAVELLING TO AND FROM THIS EVENT.

I, THE UNDERSIGNED, SUBMIT THAT THE ABOVE NAMED INDIVIDUAL IS PHYSICALLY FIT TO PARTICIPATE IN THE STRENOUS ATHLETIC ACTIVITIES INVOLVED WITH THIS EVENT. I AUTHORIZE THE EVENT DIRECTORS TO SELECT HOSPITAL FACILITIES AND/OR PHYSICIANS, AND AUTHORIZE MEDICAL TREATMENT OF THE ABOVE NAMED INDIVIDUAL ON AN EMERGENCY BASIS SHOULD THAT BE NECESSARY WHILE HE/SHE IS PARTICIPATING IN THIS EVENT. I AGREE TO ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL EXPENSES INCURRED IN THE TREATMENT OF ANY ACCIDENT, INJURY, OR ILLNESS THAT ARE NOT COVERED BY THIS EVENT'S ACCIDENT AND LIABILITY INSURANCE POLICIES.

PARTICIPANT'S MEDICAL INSURANCE CO: \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Insurance No.: \_\_\_\_\_

I UNDERSTAND THAT ANY PARTICIPANT, WHO FAILS TO ABIDE BY THE GENERAL RULES AND REGULATIONS OF THIS EVENT, OR THE HOST INSTITUTION, IS SUBJECT TO DISMISSAL WITHOUT REIMBURSEMENT OR RECOURSE.

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian (if under 18)

\_\_\_\_\_ Date \_\_\_\_\_