

Lake City Basketball Ltd.

ACKNOWLEDGMENT OF RISK AND WAIVER OF LIABILITY

Warning: By signing this agreement, you give up the right to sue for any injury or damages howsoever caused by Lake City Basketball Ltd. ("Lake City") and its owners, employees, representatives, directors, officers, and agents (herein referred to collectively the "Employees").

The Parent/Guardian must read and understand this Waiver prior to their child participating in Lake City's basketball activities.

I agree as a precondition to the Child Participant participating in the basketball activities organized by Lake City and/or its Employees, conducted by Lake City and/or its Employees (herein referred to collectively as the "Activities"), and in further consideration of Lake City allowing the Child Participant to do so, to be strictly bound by the terms of this acknowledgement of risk and waiver of liability (this "Waiver").

Initial Each Item below after Reading and Understanding Each Item:

- 1. I am the legal guardian of the Child Participant and am executing this Waiver on behalf of the Child Participant in my capacity as Parent/Guardian and with the intent that this Waiver be binding on myself and the Child Participant for all legal purposes.
- 2. I acknowledge basketball is a contact sport, and that the Activities that the Child Participant will participate in involve inherent risks that may cause serious injuries, including bodily injury, damage to personal property and/or death.
- 3. In addition to consideration given to Lake City for the participation in the Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Child Participant and his/her heirs, next of kin, executors, administrators and assigns (herein referred to collectively as "Legal Representatives") hereby agree to:
 - a. waive any and all claims, which I/Child Participant may have against Lake City, and/or its Employees, and release Lake City and its Employees from all liability for injury, death, property damage, or any other loss sustained by me or the Child Participant as a result of the Child Participant's participation in The Activities, due to any cause whatsoever.
 - b. waive any and all claims due to negligence, breach of any duty imposed by law, breach of contract or mistake or error in judgment on the part of Lake City or its Employees and to be liable for and to hold harmless and indemnify Lake City and its Employees from all actions, proceedings, claims, damages, costs, demands, including all legal fees (on a solicitor and his own client basis) or costs, which may be incurred in defending any lawsuit or claim, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Child Participant's participation in the Activities.
- 4. I appreciate that this Waiver applies whether Lake City is at fault or not and it limits the liability of the Employees to the same extent as it limits the liability of Lake City even though the Employees are not formal parties to this Waiver. I understand, further, that Lake City in securing execution of this Waiver by myself is acting as agent or trustee on behalf of or for the benefit of The Employees who shall to this extent be or be deemed to be parties to this Waiver.
- 5. I acknowledge that Lake City shall bear no responsibility for organizing, arranging or providing transportation or accommodations for the Child Participant in conjunction with the Activities.
- 6. I confirm that I have had sufficient time to read and understand this Waiver in its entirety. In understand this Waiver represents the entire agreement between Lake City, myself as Parent/Guardian, the Child Participant, and it is binding on myself, the Child Participant and our Legal Representatives.

Child Participant's Name _____

Date of Birth _____

Address _____

Parent/Guardian's Name: _____

MEDICAL RELEASE SECTION

In case of an emergency, please contact: Primary Contact Name: _____ Phone Number _____

Secondary Contact Name: _____ Phone Number _____

Medical Information

BC Care Card # _____

1. Do you have any medical conditions or take any medications that we should know about? Eg. asthma
If yes, please list prescriptions and dosage

2. Do you have any allergies (include those to food, medication, environment)

Signature of Parent/Guardian

Date

Signature of Participant

Date

