



Max's All Stars Youth Basketball Program Waiver Form



Complete the following fields (please print):

Participant Full Name:

Parent/Guardian Full Name:

Agreement, Waiver and Release for Minor

I am aware that participation in the Max's All Stars Youth Basketball Program has some inherent risks and injury can occur. I hereby authorize the directors of the Max's All Stars Youth Basketball Program to act for me according to their best judgment in any emergency requiring medical attention to my son/daughter. I waive and release the Max's All Stars Youth Basketball Program, its coaches, volunteers and the host facility (**TBD**) from any and all claims for personal injury. I will be responsible for any medical or other charges in connection with his/her involvement in the program. I hereby expressly permit said minor child to travel by private automobile to activities and events related to the basketball program. I hereby give consent to allow photographs of said minor. I understand the pictures may be used by Max's All Stars. I attest I am eighteen years or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. I have read this waiver and agree to the contents.

Parent Signature: _____

Date: __/__/__