



Western Kentucky Trailblazers
Medical Release and Waiver
2018-2019

Parent/Guardian Name:

Player Name:

Player Name:

Player Name:

Player Name:

By signing this agreement, I assume all responsibility for medical expenses as a result of accident and injury. I understand that my child(ren) will be participating in the sport of basketball which can be a hazardous and potentially dangerous sport and that my child(ren) could be injured. I understand the risks involved and give permission for my child(ren) to participate in the Western Kentucky Basketball organization. In the event my child is injured, I authorize parents and coaches to seek medical assistance for my child.

I also hereby waive, release, absolve, indemnify, and agree to hold harmless Western Kentucky Trailblazer Committee, Coaches and Facilities as well as the BRHSA and their Board of Directors Members and assume all risk for activities and travel related to the organization.

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Parent Signature

Date