

YOUTH EXPERIENCING SUCCESS

PARENT/GUARDIAN WAIVER, RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL AUTHORIZATION

Event Name: Shooting for the Stars Event Date(s): April 18-19th

Location: USA Fieldhouse, 287 Frontage Rd., Mansfield, TX 76063

PARTICIPANT INFORMATION

Player Name: _____ Date of Birth: _____

Age: _____ Team Name: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

1. ASSUMPTION OF RISK

I am the parent/legal guardian of the above-named minor participant. I understand that participation in basketball activities involves risks including injury, illness, or death. I voluntarily assume all risks.

2. RELEASE AND WAIVER OF LIABILITY

I release and hold harmless Youth Experiencing Success (YES Tournaments), 3 Step Sports LLC, Fieldhouse USA – Mansfield, and all staff, employees, and affiliates from any claims or liabilities arising from participation.

3. INDEMNIFICATION

I agree to indemnify and hold harmless all listed parties from any claims brought by or on behalf of my child.

4. MEDICAL AUTHORIZATION

I authorize emergency medical treatment for my child if necessary and accept responsibility for all costs.

5. CODE OF CONDUCT

I agree that my child and spectators will follow all rules and may be removed for misconduct.

6. PHOTO/VIDEO RELEASE

I grant permission for use of my child's image for promotional purposes.

ACKNOWLEDGMENT

I HAVE READ AND UNDERSTAND THIS WAIVER.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____