

NORTHWEST WARRIORS SPORTS CLUB, INC.

Parental Consent, Participant Release and Emergency Medical Care Authorization

I am an individual of legal age or am the parent or legal guardian of a minor son who wishes to participate in the Northwest Warriors Sports Club, Inc. ("NWSC") in the sport of basketball. I understand that basketball, including, without limitation, participating in practices, games, warming up and watching games and other such activities as well as travel to and from practices, competitions, team activities, and participation in fundraising activities as well as other game day and club organizational activities, listed and unlisted (the "Activities") involve the risk and danger of serious injury, including, but not limited to, permanent disability, paralysis, and death and other bodily, personal and economic damages and injuries defined and undefined (the "Risks") and have agreed to assume any and all Risks potentially related to such participation.

In consideration for me and/or my child and/or children being permitted to participate in the above Activities, I hereby waive, release, and discharge any and all claims, causes of action, demands and liability, for damages for personal injury, death, or property damage which I, my spouse or my minor child(ren) may have, or which may hereafter accrue to me, my spouse and/or my child or any minor member of my family, as a result of participation in any such Activities. This waiver, release and discharge of liability is intended to discharge in advance the NWSC, including but not limited to, its officers, employees, volunteers, coaches, agents and participating players and their parents, (collectively, the "Releasees"), from any and all liability arising out of or connected in any way with the participation of me, my child and our family in any such Activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that these Activities involve an element of risk and danger of injury and accidents and whether such Risks are known or unknown I hereby assume those Risks. It is further agreed that this waiver, release, discharge and assumption of risk is to be binding on my heirs and assigns and my children's heirs and assigns. I agree to indemnify and to hold the Releasees free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of any death, injury, economic loss or property damage that I, my spouse, my child or family members may sustain while participating in said Activities.

Emergency Medical Care for Minors:

I hereby grant permission to any coach or board member of the NWSC who may be with my minor child in a situation which they deem to be an emergency to act as guardian with full authorization and power to authorize emergency medical treatment for the named minor, hereinafter designated, including hospitalization, medical treatment and anesthesia, if medically necessary, for my/our son, for any injury, ailment, sickness, or condition arising during or traveling to or from any activity of the Northwest Warriors Sports Club. I understand that should a medical emergency arise, I will be notified, but that if I cannot be reached by phone, such medical treatment as is deemed necessary by medical personnel under the circumstances presented is hereby expressly authorized at my expense. I further acknowledge that any medical treatment authorized by any representative of the NWSC will not be at their expense and the undersigned, as parent of the designated minor, will hold harmless and indemnify the NWSC and all Releasees from any such medical expenses.

Participant Emergency Information

Participant Name _____ Birth Date _____ Age ____ Gender M

Family Doctor _____ Phone _____

Health Plan _____ Policy # _____

Other Medical info _____

Dentist _____ Phone _____

Emergency Contact _____ Phone _____

Emergency Contact Relationship to Child _____

Allergies and Current Medications _____

List any other health problems for child or parent that we should be aware of: _____

Dates of child's last immunization: MMR _____

Polio _____ Hepatitis _____ Tetanus _____

Other _____

I have carefully read this Parental Consent, Participant Release and Emergency Medical Care Authorization and fully understand its contents. I am aware that this is a release of liability and a contract between me and my spouse (if any) and the above Releasees, and I sign it of my free will. IN THE EVENT THIS DOCUMENT IS SIGNED BY A SINGLE PARENT, THAT PARENT REPRESENTS THAT HE/SHE IS FULLY AUTHORIZED TO BIND THE OTHER PARENT (IF ANY) TO THIS CONTRACT. I further understand that I have not been promised that medical insurance is provided.

In addition to the foregoing, I further understand that photographs and video may be taken of my child and/or family members during the course of club activities and that these photographs and video may be used for Northwest Warriors Sports Club publicity purposes. BY SIGNING BELOW I AGREE TO EACH ASPECT OF THE ABOVE PARENTAL CONSENT, PARTICIPANT RELEASE AND EMERGENCY MEDICAL CARE AUTHORIZATION.

The undersigned hereby grant permission for our child(ren) to participate in the Club. We will not hold NWSC, its Board of Directors, Coaches or Assistant Coaches responsible for any accident incurred relating in any way to the activities of NWSC.

Signature – Participant _____ Date _____

Participant's Name (print) _____ D.O.B. _____

Signature of Parent/Guardian _____ Date _____

Printed Name _____ Address _____

Cell Phone () _____ Work () _____ Home () _____

Signature of Parent/Guardian _____ Date _____

Printed Name _____ Address _____

Cell Phone () _____ Work () _____ Home () _____

**Mail signed form to: Rob Thomas
Northwest Warriors Sports Club, Inc.
P.O. Box 345
Zionsville, Indiana 46077
or Email to: rob@robthomaslaw.com**