

TBC Medical Waiver Form

Player Name: _____ Birth Date: _____

Street Address: _____

Address: _____
(City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name(s): _____

Cell/Emergency Phone: _____
(Father) (Mother)

Health Insurance Provider: _____ Phone#: _____

Insurance ID #: _____ Group #: _____

Health Conditions/Medications/Allergies: _____

Liability Waiver: Basketball presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above.

I, the undersigned parent/guardian for the above named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Texas Basketball Championships, its sponsors and its host sites, managers, board members and supervisors, from all claims, actions, or losses related thereto. Texas Basketball Championships assumes no liability for injury or damage arising from the results of participation of the above Player unless due to willful fault or gross negligence on the part of Texas Basketball Championships.

Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant is urged to consult their physician concerning their fitness to participate. I, the undersigned parent/guardian for the above named Player hereby approve of my child's participation in the Texas Basketball Championships tournaments and consent to emergency medical treatment for my child on my behalf. I also authorize any supervisors from Texas Basketball Championships to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance information has been provided above.

Media Release: I further agree and grant Texas Basketball Championships and its employees the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet

Parent Signature: _____ Date: _____