NORTHEAST COBB BASKETBALL WINTER LEAGUE WAIVER

By signing this waiver, I hereby give my approval for my child to participate in the Northeast Cobb Winter Basketball League. I assume all risks and hazards incidental to such participation including transportation to and from the activities: and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Northeast Cobb Basketball, sponsors, organizers, owners of facilities used, supervisors, participants, and coaches from all claims arising out of injury to my athlete/child. I hereby authorize Northeast Cobb Basketball Directors, assistant directors, or any responsible persons delegated to Northeast Cobb Basketball to take my child to the nearest hospital or any other accredited medical establishment for emergency treatment, in case of injury during games if I, the parent, is not available. I, the parent, will assume all and any financial responsibility arising out of injury to my child due to participation and or travel to medical establishment.

AUTHORIZATION AND RELEASE TO USE: Participant and, if applicable, Guardian further grants the Released Parties the right to photograph and/or videotape Participant and further to display, use and/or otherwise exploit the name, face, likeness, voice, and appearance of Participant forever and throughout the world, in all media, whether now known or hereafter devised (including, without limitation, in online web casts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, without compensation, reservation or limitation.

TEAM NAME: _____ GRADE LEVEL: _____

Athlete Name	D.O.B	Address	Parent Name	Parent Signature