

2023/24 Belin Community Basketball Medical Release & Waiver

I hereby release and discharge Belin Memorial United Methodist Church from any and all liability or medical expenses which may occur as a result of my child's participation in the Belin Community Basketball League. I understand that Belin Memorial United Methodist Church does not provide any insurance for participants in this activity. I further give permission for medical attention to be obtained for my child as necessary.

I consent to the use of first aid treatment and the use of generic and over-the counter medications and treatments as directed by manufacturer labels, whether administered by the Released Parties or first aid personnel.

In an emergency, I understand the Released Parties may try to contact the individual listed on the registration as an emergency contact. If an emergency contact cannot be reached promptly, I hereby authorize the Released Parties to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for me as advised by a physician, dentist or other health care provider. This includes, but is not limited to, my assessment, evaluation, medical care and treatment, anesthesia, hospitalization, or other healthcare treatment or procedure as advised by a physician, dentist or other health care provider. I also authorize the Released Parties to arrange for transportation as deemed necessary and appropriate in their discretion. I, the player/volunteer, do hereby release, forever discharge and hold harmless the Released Parties from any liability, claim, demand, and action whatsoever brought by me or on my behalf which arises or may hereafter arise on account of any transportation, first aid, assessment, care, treatment, response or service rendered in connection with my activities with any of the Related Parties.

If the player is less than 18 years of age, the parent(s) having legal custody and/or the legal guardian(s) of the player also hereby release forever discharge and hold harmless the Released Parties from any liability, claim, demand and action whatsoever brought.

Child's Name _____

(If player is over 18, player should sign)

Parent/Guardian Signature: _____ Date: _____

Emergency Contact: _____ Phone: _____

Please list any and all medical concerns, i.e. allergies, that we should be aware of:
