

# BIG CAT ASSUMPTION OF RISK FORM

Participant's Name \_\_\_\_\_

Participant's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

## ASSUMPTION OF RISK:

It is the assumption of this board that participation in this league requires an acceptance of risk of possible injury or harm, including paralysis or loss of life. As a participant, you can help make athletics safer by not intentionally using techniques that are illegal and which may cause serious injury. The Board of the Big Cat Basketball League is concerned for everyone's safety and wants you to receive the benefits of participation.

In case of emergency, alternate contact name and numbers:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please indicate your answer by circling YES or NO for each of the following

1. The team personnel may administer first aid until our family doctor can be contacted?

YES NO

2. We give our consent for the coaches, director, and Big Cat Board Members to use their judgment in securing medical aid and ambulance service if I (we) cannot be contacted immediately.

YES NO

3. We give our consent for the hospital, their agents and / or licensed physician to administer emergency medical treatment as they deem necessary.

YES NO

I, \_\_\_\_\_ (guardians name) have read the above ASSUMPTION OF RISK paragraph. I do waive, release and agree to hold harmless and indemnify all the sponsors, coordination groups, volunteers, the South Lyon School district and all of its employees and Big Cat Board Members as well as officials, coaches, officers and all volunteers of the Big Cat Basketball League. We do give our son permission to compete in the Big Cat Basketball League. We acknowledge the potential for injury during athletic participation. In case of accident or injury, we are financially responsible for items such as ambulance service, doctor's fees, hospital fees, etc. We have read, understand and discussed with our son the assumption of risk above as well as the regulations and rules of the league.

\_\_\_\_\_  
(signature of parents / legal guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(signature of athlete)

\_\_\_\_\_  
(date)