

## Rocky Mountain Elite Basketball Academy Basketball Player Medical Release, Risk Notice, & Waiver

#### **BASKETBALL SAFETY & RISK WARNING**

Basketball is a sport with numerous physical demands. Tremendous strain is placed on the cardio-vascular, muscular, skeletal and respiratory systems of the body. Nutritional factors play an important part in the above mentioned body systems; therefore, they need special consideration. Due to the physical demands of basketball, no athlete will be allowed to participate in a Rocky Mountain Elite Basketball Academy clinic, workout, open gym, practice or game etc. without parental or legal guardian approval and the appropriate physical and medical consent forms.

Due to the physical demands of basketball, Rocky Mountain Elite Basketball Academy coaches and administrators will take all reasonable efforts and precautions by providing: (1.) adequate warm-up and stretching time prior to practice and competition; (2.) proper technique demonstration prior to a drill; (3.) adequate practice time will be given to allow the athlete to develop proper skills; and, (4.) proper conditioning techniques will be used. However, as the parent or guardian, you understand and acknowledge that basketball is a contact sport where many injuries can and will occur. There may be major and minor injuries to muscle groups, ligaments, tendons, bones, internal and external organs. Specific injuries may include strains, sprains, abrasions, dislocated joints and blisters. Broken bones, permanent paralysis due to brain injury and death could also occur. Since injuries and illnesses affect the performance and safety of the athlete, all will be reported to the coach by the athlete, parent or guardian prior to engaging in the sport or if one occurs during the activity.

Basketball players should be aware of the potentially dangerous situations and understand their damaging aspects. Any questionable situations, like a concussion, will be referred to the medical profession for immediate medical attention by all coaches. Any recommendations by the medical profession will be followed. All players must use proper court shoes, glass guards, mouth guards, eye protection and support devices that will insure health of the athlete. Any questions should be directed to the coach or administrator.

I have read the preceding and certify that I know, understand, and appreciate the risks inherent in basketball. I am approving my son or daughter to voluntarily participate in this activity as part of the Rocky Mountain Elite Basketball Academy program.

| P | lease acl | knowle | edge | you l | have | read | the a | above | statement | : by | ' initial | ing | here: |  |
|---|-----------|--------|------|-------|------|------|-------|-------|-----------|------|-----------|-----|-------|--|
|   |           |        |      |       |      |      |       |       |           |      |           |     |       |  |



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### **MEDICAL RELEASE**

| l,                                | (Name of Parent or Guardian of athlete), understand that in the                  |
|-----------------------------------|--|
|                                   | uired for (Name of Athlete), every effort will                                   |
|                                   | rer, if I cannot be reached or it is an emergency situation, I do hereby consent |
| to the coach and the Rocky Mo     | untain Elite Basketball Academy administration of any and all medical, dental,   |
| and surgical examinations or or   | perations and treatment of all other related care, including the administration  |
| of drugs, tests, injections, anes | thesia and/or blood transfusion that may be ordered by the emergency medical     |
| personnel, physician and/or de    | ntist in attendance at the medical center deemed necessary for emergency         |
| treatment. I hereby consent to    | the release of the medical report(s) to any doctor or agency and consent to the  |
| admission of the above-named      | minor to the hospital.   |
| Please acknowledge you have r     | ead the above statement by initialing here:                                      |
| Ple                               | ease provide the following emergency information:                                |
|                                   | er(s):   |
| Emergency Contact:                | Emergency Contact Phone Number:  |
| Name of Doctor:                   | Phone Number:  |
| Any medications or special        |  |
| instructions:                     |  |
| Allergies to any medications (pl  | ease list):  |
|                                   | <del></del>  |
|                                   | nce Information: (Please attach a copy of your insurance card.)                  |
| Company:                          |  |
| Policy Number:                    |  |
| Group Number:                     |  |
| Individual Number                 |  |



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### WAIVER/HOLD HARMLESS CLAUSE

I have read this document entirely and approve/consent to my child participating in the basketball activities offered by Rocky Mountain Elite Basketball Academy (sports, games, practices, open gyms, etc.). I/We will hold harmless and indemnify the coaches and administrators of Rocky Mountain Elite Basketball Academy from any and all liabilities, actions, losses, claims and expenses (including attorney's fees) arising out of any act or failure to act on the part of Rocky Mountain Elite Basketball Academy and its employees, volunteers, coaches, directors, advisors and administrators. We agree to not bring any claims regardless of whether they are caused or alleged to be caused in part by any negligent act or omission by a Rocky Mountain Elite Basketball Academy owner, member, employee or investor indemnified hereunder.

| Parent/Guardian Signature: <sub>-</sub> | <br> |
|---|------|
| Print Name:                             |      |
| Date:                                   |      |