

## TARKANIAN SUNDAY SKILLS WAIVER

Participant Last Name \_\_\_\_\_ First \_\_\_\_\_

Parent Name (1) \_\_\_\_\_ Parent Name (2) \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Wk \_\_\_\_\_

Email \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender \_\_\_\_\_

Are you currently a TBA member? Yes No \_\_\_\_\_

Were you referred to TBA by anyone? Yes No \_\_\_\_\_

I, the undersigned acknowledge the inherent risk involved in basketball and activities conducted on hardwood floors and all sports related thereto. According, in consideration of being allowed to participate in any activities and/or other activities at the Tarkanian Basketball Academy or any other assigned venues, I agree to the following: (1) I acknowledge and fully understand that I will be engaging in activities that involve risk of injury; (2) I agree that prior to participation in any activity that I will inspect the competition area and all equipment to be used. If I determine that anything related to that activity is unsafe, I will immediately advise my coach or an official of the venue of this unsafe condition and will not participate until the condition is corrected; (3) I agree to assume all the foregoing risk and accept personal responsibility for my own damages following such injury, permanent disability or death. I release, waive, discharge and covenant not to sue licensor, Tarkanian Basketball Academy and all respective agents, affiliates, associates, officers, directors, owners and employees (collectively releases) from demands, losses or damages on account of any injury, death or damages to property, caused or alleged to be caused in whole or in part by my actions. I, the undersigned parent or legal guardian have read the attached waiver and releases and agree to its terms on behalf of my child and myself. I understand that by signing below I am giving up substantial rights on behalf of my child and myself.

### **PAYMENT DUE AT TIME OF REGISTRATION**

\_\_\_\_\_

Print name of parent/legal guardian

\_\_\_\_\_

Participant Signature

\_\_\_\_\_

Date

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