

PV BREAKERS BASKETBALL ACADEMY

FOLLOW THROUGH SPORTS

Medical Release / Liability Waiver

(PLEASE PRINT CLEARLY)

To whom it may concern:

This is to certify that I, as the parent of _____
player on the Breakers Basketball Team, hereby grant permission to the adult manager, coach,
trainer, or business manager of the team to obtain medical care, at my expense, from any licensed
physician, hospital or medical clinic, for the player named herein at such time as either parent or
legal guardian cannot be contacted in person or by telephone. The authorization shall include all
basketball related activities, including the period required to travel to and from those activities;
and we do hereby waive, release, absolve, indemnify, and agree to hold harmless The Breakers
Organization and Follow Through Sports; the organizers, supervisors, officers, coaches, directors,
participants, and persons transporting the player to and from those activities, for any and all
claims arising out of an injury to the player.

Name _____ Signature _____ Date _____

Please list any allergies or Special Medical Conditions that may interfere with complete participation in the Breakers Basketball Program _____

Player Name _____

D.O.B. ____ / ____ / ____ Age ____ Grade ____ School _____

Mother's Name _____

Email _____

Cell (____) ____ - _____ Home (____) ____ - _____

Father's Name _____

Email _____

Cell (____) ____ - _____ Home (____) ____ - _____

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Publicity Consent

I hereby grant PV BREAKERS BASKETBALL ACADEMY the irrevocable, perpetual, worldwide and royalty-free right, but not the obligation, to photograph, film, videotape, record and otherwise use Participant/Guest's name, voice, portrayal, picture, photo, performance, appearance, action, likenesses biographical information, and/or any other aspects of Participant/Guest's persona, whether alone or in conjunction with others, in connection with the PV BREAKERS BASKETBALL ACADEMY as well as in connection with or for any other projects, programs or uses of or by any of their licensees for any and all uses, including, without limitation, promotion, publicity and advertising of any of our programs or events.

Parent's Initials _____