

**FORT BEND EDUCATION CENTER
YELLOW JACKETS BASKETBALL TEAM**

SPORTS WAIVER/RELEASE FORM

PLEASE READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name of Minor Child/Ward

participate in any way in the Fort Bend Education Center and After School Program's (FBEC) related events and activities, the undersigned acknowledges, appreciates, and agrees that: the risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

1) FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE PARTICIPANTS, spectators or, administrators, others, and assume full responsibility for my child's participation; and

2) I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention to the nearest official immediately; and,

3) I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY, RELEASE AND HOLD HARMLESS FBEC; it's directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, WITH RESPECT TO ANY AND ALL LIABILITIES, INCIDENTS, INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my or my child's/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Child's Name: _____ Age: _____ Grade: _____

Parent Name: _____

Parent Signature: _____ Date: _____

E-mail address: _____

Please complete the following emergency information

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____