

Action Jackson Basketball Challenge Registration and Waiver Form

All registration fees can be paid at time of activity. Proceeds raised will be to help with the continuing development of youth basketball".

Fee:

Purchase 1 pass to competition for \$2.00.

Purchase 2 passes for \$5.00 and receive a Photo with Action Jackson.

Purchase 3 passes for \$10.00 and receive a 2 piece chicken only voucher from Chicken Delight and a Photo with Action Jackson.

Registration form and photos can be found on the Basketball Manitoba website. Registration Form can be printed and signed by parent(s) previous to day of the event. However, the form must be accompanied by the participant at time of payment.

WARNING - By signing this document you indicate that you understand the risk associated with this activity, that you are aware that by allowing your child to participate in the activity you are exposing him/her to the risks identified below. It gives staff and those acting on its behalf, the authority to secure medical assistance for your child for which you agree to be financially responsible. You are agreeing to assume financial responsibility for any damage to third persons or their property caused by your child.

1. I am aware that by allowing my child to participate in the Action Jackson Challenge, I will be exposing him/her to the following

inherent risks, including but not limited to:

- any manner of injury resulting from use, misuse, non-use and failure of equipment;
- theft, vandalism or loss of personal property;
- impact with obstructions, other participants, referees or spectators, game equipment, visible or non -visible;
- potential for bone and muscular skeletal injury, such as sprains or strains;
- episodes of light headedness, fainting, chest discomfort, leg cramps and nausea;
- an increased load on the heart which may result in dizziness, shortness of breath, and in extreme circumstances, may result in a heart attack;
- any manner of injury arising from falling and impacting against the floor surface, walls or the equipment.

2. The Action Jackson staff, and those acting on its behalf, may secure such medical advice and services as they, in their sole discretion, may deem necessary for my child's health and safety and I shall be financially responsible for such advice and services.

3. I understand that it is my child's responsibility to abide by the rules and regulations imposed on the participants by staff.

I have explained to my child the need to follow the instructions given by the staff.

4. I agree to HOLD HARMLESS AND INDEMNIFY the Action Jackson staff and those acting on its behalf from any and all liability for any damage to the property of, or personal injury to, any third party resulting from my child's participation in this activity.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM ACCEPTING FINANCIAL RESPONSIBILITY FOR ANY MEDICAL ASSISTANCE THE ACTION JACKSON STAFF AND THOSE ACTING ON ITS BEHALF MAY DEEM NECESSARY FOR MY CHILD'S HEALTH AND SAFETY AND ALSO FOR ANY DAMAGE TO THIRD PERSONS OR THEIR PROPERTY THAT MY CHILD MAY CAUSE.

Participants Name

Participants Age

Date

Signature of Parent or Guardian