



By my signature below, I acknowledge that I am aware of, appreciate the character of, and voluntarily assume the risks involved in participating in all activities associated with basketball.

By my signature, on behalf of myself, my heirs, next of kin, successors in interest, assigns personal representatives, and agents, I hereby:

1. Waive any claim or cause of action against and release from liability Quincy Juneteenth Organization and Quincy Parks, its officers, employees, and agents for any liability for injuries to my person or property resulting from my use of the facility or participation in the activity listed above.
2. Agree to indemnify and hold harmless the Quincy Juneteenth Organization and Quincy Parks, the City of Quincy, its officers, employees, and agents for any claims, causes of action, or liability to any other person arising from my use of the facility or participation in the activity listed above.
3. Consent to receiving any medical treatment deemed advisable in the event of injury, accident, or illness during these activities; and
4. Acknowledge that a participant under 18 years of age signing below as a minor child, the parent or legal guardian of the minor child requires a signature to participate.

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER OF LIABILITY AND RELEASE AGREEMENT. I CONSENT TO MEDICAL TREATMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE, OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Printed Name _____ Date of Birth _____

Signature _____ Date _____

Address _____ City _____ State _____

Minor under 18 years of age

Parent/Legal guardian Printed Name _____ Relationship _____

Parent/Legal guardian Signature _____ Date _____