International Basketball Academy
11019 Graymarsh Pl.
Ijamsville, MD 21754
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www.shotdoctor.org

TURN THIS IN AT THE ADMISSION DESK PRIOR TO YOUR FIRST GAME

I understand that in athletic venues there is the opportunity for injury or harm. I also understand that as a spectator or participant I may be injured or cause injury. I will not hold the International Basketball Academy responsible or the schools and establishments in which the venue is played responsible for any damage, injury or harm to myself or anyone else. This I do with my underlying signature.

Waiver Form Team Name: _____ Grade: _____

Student Name	Student Signature	Parent Name	Parent Signature