



THIS FORM IS TO BE FILLED OUT AND GIVEN TO IBA COACHES BEFORE TRAINING BEGINS

2011 IBA PLAYER MEDICAL RELEASE FORM

This must be completed - legibly - and signed in all areas by both the player and his/her parent or guardian. By signing this form the participant affirms having read it.

Player Name Last First Birth Date Age Gender

Primary Contact: Parent or Guardian

Name Address Zip

Phone Alternate Phone

Secondary Contact: Parent/Guardian Other

Name Phone Alternate Phone

Primary Insurance Co. Primary Group/Policy #

Family Physician Name Physician Phone

Please elaborate on any medical conditions of which we should be aware:

Three horizontal lines for medical conditions

Any medications currently being taken:

Any allergies: (If None, please write None.)

Signed Date: Participant

Participant, has my permission to participate in training, competition, events, activities and travel sponsored by IBA or any of its Associations. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Signed Relationship: Date:

If, during the course of my daughter's/son's activities in basketball or weight training and player development, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signed: Date: Parent or Guardian

I do not authorize emergency medical/dental care for my daughter/son.

Signed: Date: Parent or Guardian



I represent to International Basketball Academy (IBA), and/or all other companies, entities, and affiliations associated with the International Basketball Academy that I and/or my child is physically fit to perform those activities which he/she may undertake with the IBA and that I am solely responsible for all health risks associated with such activities.

I understand that the International Basketball Academy recommends that I and/or my child be examined by a physician prior to engaging in activities with the IBA. I acknowledge that the International Basketball Academy including its employees, are not licensed medical practitioners, and that their advice is therefore limited in scope and is not a substitute for medical supervision and advice. I acknowledge that I and/or my child's attendance at the International Basketball Academy or use of any facilities used by the International Basketball Academy and its programs, including without limitation his/her use of the equipment and facilities, I hereby assume all risks of personal injury, death, property loss or other damages which may result from or arise out of attendance at the International Basketball Academy programs or activities. The foregoing risks shall include, but not be limited to, risks associated with: aerobics; fitness equipment; weight lifting; team and individual sports; exercise; locker room; parking; environmental; theft; contagion; use of the IBA equipment, facilities, or health and fitness advisory services. I understand that the foregoing waiver of liability on my behalf shall apply to any and all claims against the International Basketball Academy and/or its owners, shareholders, officers, directors, employees, agents or affiliates for any such personal injuries, property loss or other damages connected to or arising out of any of the aforesaid risks. I hereby on behalf of myself and/or my son/daughter fully and forever release and discharge the International Basketball Academy and its Affiliates from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my and/or my child's attendance at, use of, or their participation in any of the IBA's activities, including those which arise out of the negligence of the IBA and/or IBA Affiliates. Further, I hereby release and discharge the International Basketball Academy and its Affiliates from any and all liability for any loss, or theft of, or damage to personal property, including without limitation automobiles and the contents of lockers. Should pictures and/or video be taken during any event, I do hereby give permission for myself or my child/children to be included in picture(s), likeness, image and/or voice in a videotape or publication promoting the International Basketball Academy. I also understand that I and/or my child/children will not receive any additional compensation for said photos and/or video. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

**GUARDIAN NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_