



WAIVER OF LIABILITY FOR GYM USE

I/We hereby understand and acknowledge that the training, programs and events held or attended by Dockery Basketball Academy may expose me to many inherent risks, including accidents, injury, illness, or even death. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, and all other such risks being known and appreciated by me.

I/We hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in activity. I/We acknowledge that I am physically fit and mentally capable of performing the physical activity I choose to participate in.

After having read this waiver and knowing these facts, and in consideration of acceptance of my participation and the Dockery Basketball Academy gym furnishing services to me. I agree, for myself and anyone entitled to act on my behalf, to **HOLD HARMLESS, WAIVE AND RELEASE Dockery Basketball Academy**, its officers, agents, employees, organizers, representatives, and successors from any responsibility, liabilities, demands, or claims of any kind arising out of my participation in the Dockery Basketball Academy teams, league, training, programs and/or events.

AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT

I/We do hereby authorize in the event of an injury, accident, or illness, Dockery Basketball Academy, its coaches, team representatives, directors, officers, agents, and assignees to seek and obtain care and medical treatment as shall be necessary under the circumstances.

I/We hereby authorize and consent to have x-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care which is deemed advisable and rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, of a dentist licensed under the provisions of the Dental Practice Act, and on the staff of any general hospital holding a current license to operate a hospital from the State Department of Public Health or its equivalent. This authorization is effective whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, or elsewhere.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of my aforementioned agents to give specific consent to any and all such diagnosis which in the exercise of his or her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned before rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I also agree that this authorization to treat shall be valid in any state where such treatment is rendered. I also agree that if English is not my first language that I have sought out someone to translate this form to me and agree that by my signature that I have read and understood the document and all of its words and provisions.

**AUTHORIZATION FOR USE OF NAME, IMAGE AND LIKENESS FOR PUBLICITY AND
DISPLAY OF IMAGES ON THE DOCKERY BASKETBALL ACADEMY WEBSITE AND OTHER MEDIA**

By participating voluntarily, and on his/her own accord at Dockery Basketball Academy, I hereby grant Dockery Basketball Academy, its agents, employees, coaches, volunteers, parents, or any other persons, licensees, and other authorized media including television, radio, the internet, the Dockery Basketball Academy website, social media, newspapers or any other publications, complete and unrestricted permission to do the following:

1. Use and re-use me or my child's name, photograph, image, voice, likeness, and biographical information including the use of such information or likeness on television or the internet and in any other media for any purpose and for use in publicity and advertising in all media; or
2. Use, encode, digitize, copy, edit, excerpt, transmit and display on videotape, digital video stream, or any other media form, mine/my child's participation in Dockery Basketball Academy basketball activity; or
3. Use and re-use my or my child's name, voice, photograph, likeness, biographic information, in connection with the Dockery Basketball Academy Website(s).

This permission shall apply to all activities in which the participant participates as part of Dockery Basketball Academy.

I understand that the above information will be distributed to members of the public and media to: publicize the activities of Dockery Basketball Academy as well as the performance of individual participants; promote Dockery Basketball Academy as an organization in the sports community; and communicate information to participants and their families about the success of Dockery Basketball Academy.

I understand that the participants name and likeness may be included on the Dockery Basketball Academy website(s) and that performances may be webcast over the Internet to interested persons of Dockery Basketball Academy and members of the public at large, and may be videotaped and/or digitally captured for later webcast, broadcast and/or transmission. This authorization includes without limitation perpetual rights for both internal use and for licensing, sale, or other transfer of the videotapes or digital files to third parties, and includes

transmission and display over the Internet. This permission is irrevocable and royalty free and I understand that Dockery Basketball Academy will act in reliance on this permission.

By my signature I/We indicate that I/We have read and understand this **WAIVER OF LIABILITY, AUTHORIZATION AND CONSENT FOR MEDICAL TREATMENT and AUTHORIZATION FOR USE OF NAME, IMAGE AND LIKENESS FOR PUBLICITY AND DISPLAY OF IMAGES ON THE DOCKERY BASKETBALL ACADEMY WEBSITE AND OTHER MEDIA**. I am aware that this is a wavier and a release of liability, authorization and consent for medical treatment, and authorization for use of name, image and likeness and I voluntarily agree to its terms.

Participant's Name (Please Print): _____

Participant's Signature: _____ Date _____

In case of emergency, contact: _____ Phone _____

(Parent's signature if under 18 years of age)

I represent that I have legal capacity and authorized to act on behalf of the minor named herein.

Parent/Guardian Signature: _____ Date _____