

GG Wolves Basketball Skills Academy

Waiver, Release, and Consent Form

Participant's Full Name:

Parent/Guardian Name:

Assumption of Risk:

I, the undersigned parent/guardian, understand that participation in basketball training, practices, and related activities involves inherent risks, including but not limited to falls, collisions, and other injuries. I voluntarily accept and assume all such risks on behalf of my child.

Waiver and Release:

In consideration of my child's participation in the GG Wolves Basketball Skills Academy, I hereby release and hold harmless the coaches, volunteers, General Gordon Elementary School, Vancouver School Board, and any affiliated organizers from any and all liability for personal injury, illness, or property damage arising from participation, except in cases of gross negligence or willful misconduct.

Medical Authorization:

In the event of an emergency where I cannot be reached, I authorize the Academy staff to secure medical treatment for my child as deemed necessary. I accept financial responsibility for any medical expenses incurred.

Acknowledgement:

By signing below, I confirm that I have read and understood this waiver, and I voluntarily agree to its terms.

Emergency Contact Phone:

Parent/Guardian Signature:

Date: