

## 2018 Spring League Waiver

I \_\_\_\_\_ the parent/guardian  
for \_\_\_\_\_ give my permission for my child to participate in the  
Scituate Spring League. I understand that the Scituate Spring League, Scituate Public School  
District, Scituate Basketball Boosters, Scituate Basketball Association and Jenkins Elementary  
School or any other agent provides no insurance of any kind and that it is my responsibility to  
obtain my own insurance for my child. I further understand that some insurance policies  
specifically exclude injuries while participating in a sports activity or so-called school sport. I  
have checked my policy and I am aware of my coverage or lack there-of. I also release from  
liability all coaches, agents, referees, the Scituate Spring League, Scituate Public School  
District, Scituate Basketball Boosters and Jenkins Elementary School from any liability  
whatsoever regardless of the circumstances leading to any type of injury. I assume all  
responsibility for all matters as it relates to my child's participation in this league.