***Hanover Basketball***

***Fall League***

The Hanover Fall basketball league accepts no liability for any injury that may occur to any of the participants regardless of how the injury took place. I understand that the school district does not provide insurance for athletes who are competing or any adult who is working at the league. I have distributed and collected the liability release for each player in our program and I confirm that each player and their parent/guardians have been notified that the league does NOT provide insurance for any of the participants. I will remain in possession of the liability release forms for our team.

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Coach (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head Coach Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Hanover Basketball***

***Fall League***

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent/guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission for my child to participate in the Hanover Fall basketball league. I understand that the league, Hanover School district, my host 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 Hanover School District and my host 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

Print Parents Name Parent Signature Date