

Scituate 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 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.