

D-BLOCK BASKETBALL, LLC



Waiver of Liability, Assumption of Risk and Emergency Contact form

Date: _____ Participant's Name: _____

Phone: _____ Email address: _____

Address: _____

In consideration of being allowed to participate in any way in sporting events and activities, club sports and any and all related events and activities all such programs, events and activities referred to herein as the "Activities") provided by D-BLOCK BASKETBALL LLC or at or in the facilities used by D-BLOCK BASKETBALL LLC, the undersigned, acknowledge, appreciate and agree that:

1. The risk of injury from the Activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and
2. Participation in the Activities could result in risk of exposure to viruses, infections, and contagious diseases. By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I and/or my child(ren) may be exposed to or infected by COVID-19 by participating in the Activities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of I and/or my child(ren) becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, D-BLOCK BASKETBALL LLC employees, volunteers, and program participants and their families.
3. I knowingly and freely assume all such risks to myself and/or my child(ren), both known and unknown, and assume full responsibility for my and/or my child(ren)'s participation in the Activities; and

4. I willingly agree to comply and cause my child(ren), if applicable, to comply with the stated instructions and policies and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself and my child(ren) from participation and bring such to the attention of the nearest official immediately; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold D-BLOCK BASKETBALL LLC and their officers, officials, agents and/or employees, other sport participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event or activity ("Releases") harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I understand, agree, and acknowledge that some Activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment that might inhibit my safe and active participation in the above listed activity. In addition, I understand that D-BLOCK BASKETBALL LLC does not provide medical insurance coverage for activity participants and that any applicable medical insurance must be provided individually by such participants. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, D-BLOCK BASKETBALL LLC has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not D-BLOCK BASKETBALL LLC, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Waiver effective August 2025-August 2026

Signature: _____

Date: _____

(If participant is under the age of 18, parent/legal guardian signature)

Printed Name/Phone: _____

Emergency Contact Information: _____