

**BeFundamental LLC
Basketball Clinic
Liability Waiver Form**

Student-Athlete's Name_____

Address_____

City_____ Zip_____

Parent email address_____

Parent/Guardian's Name_____

Parent/Guardian's Phone_____

Emergency Contact's Name_____

Emergency Phone_____

Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want the clinic directors to seek medical care? (Circle One) Yes No

Physician_____

Phone_____

LIABILITY WAIVER: I am aware that participation in the BeFundamental LLC Basketball Clinic has some inherent risks and injury can occur. On rare occasions these injuries can be serious. In consideration of my child being allowed to participate in the BeFundamental Basketball Clinic, I, the parent/guardian, assume the risk of all injury and agree not to sue BeFundamental, the clinic director, coaches, assistant coaches, agents, or volunteers for any and all injuries caused by or resulting from participating in the BeFundamental Basketball Clinic.

Parent/Guardian Signature_____ Date_____