



CT Panthers
11 Downing Circle.
Bloomfield, CT 06002
www.ctpanthers.net

AAU Club Code: ctba37ybo

**Waiver of Liability, Assumption of Risk and Indemnity Agreement
For CT Panthers Basketball**

Waiver: In consideration of being permitted to participate in the **CT Panthers Basketball** programs, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The **CT Panthers Basketball**, its officers, employees and agents from liability from all claims resulting in personal injury, accidents, or illnesses (including death), and property loss arising from, but not limited to, my participation in **CT Panthers Basketball** activities except as caused by their intentional, willful or wanton conduct.

Assumption of Risk: I acknowledge that my participation in the **CT Panthers Basketball** programs is voluntary and carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, broken bones; heart attacks and concussions to 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand and appreciate these and other risks that are inherent in the **CT Panthers Basketball** programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD THE **CT Panthers Basketball** programs HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the

CT Panthers Basketball programs and to reimburse the **CT Panthers Basketball** for any such expenses incurred.

Sever ability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the laws of the state of Connecticut and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, fully understand its terms, have been given an opportunity to consult with counsel, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a release of liability to the greatest extent permitted by law.

Print Name

Date

Signature of Student or Parent/Guardian if student is under age 18



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Player Profile:

Name: _____

Parent's Names: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

Grade: _____

School Name: _____

Age on September 1st: _____

Birth date: _____

Position: _____

Height: _____

Do You play on your School Team: _____

Shorts Size: _____

Jersey Size: _____

T-Shirt Size: _____

I give my permission for **CT Panthers Basketball** to use/give my child's name and picture to/for the newspaper, newsletters and the corporate website.

Parent / Guardian Signature
