



RJA 3-*VS*-3 Basketball Waiver Form

Waivers MUST be submitted along with the registration form PRIOR TO the first game.

Name: _____

D.O.B.: _____

Age: _____

Grade Level: _____

Jersey Size (Circle One): YS YM YL YXL AS AM AL Other:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Medical Information

Please list below any medical conditions and/or allergies: _____

Consent and Liability Waiver

Release of All Claims **(must be signed to participate)**: As lawful consideration for being permitted to participate in the RJA 3-VS-3 Tournament hosted by Real Journey Academies. This release is intended to **discharge in advance** Real Journey Academies and their agents, sponsors, and employees from and against any and all liability, including for negligent actions arising out of misconduct of Real Journey Academies and their agents, sponsors, and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASSIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASSIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS Real Journey Academies and their agents, sponsors, and employees WHO (THROUGH NEGLIGENCE OR CARLESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES.

Signature

Date

Parent/Guardian of Minor Participant

Date