

**CITY OF INDEPENDENCE
RECREATION DEPARTMENT
YOUTH'S BASKETBALL LEAGUE
RELEASE AND WAIVER**

It is expressly agreed that all use of the City of Independence's property, equipment and services, and participation in, or a spectator to, any program conducted within or on the property of the City of Independence, and any transportation provided by the City of Independence shall be undertaken by my child, or my legal ward at his/her sold risk, and the City of Independence shall not be liable for injuries or any damages to my child, or my legal ward, or to any of my child's property, or my legal ward's property, or be subject to any claim, demand, injury or damages whatsoever, including without limitation, those injuries and/or damages resulting from acts of active or passive negligence on the pat of the City of Independence, its employees or agents. I, on behalf of my child(ren) and legal ward(s), do hereby expressly forever release and discharge the City of Independence, its employees, officials, agents, assigns and/or successors from all such claims, demands, injuries, damages, actions or causes of action whatsoever.

(Please Print)

Participant's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

EMERGENCY MEDICAL AUTHORIZATION

I, the undersigned parent or legal guardian of (print name) _____, a minor, do hereby authorize the City of Independence and/or its employees to obtain emergency medical treatment for my child if deemed necessary by the City of Independence and/or its employee. I give permission to the medical, dental or emergency room staff selected to render any emergency medical, surgical or dental treatment necessary. I understand that any costs incurred for my child for such emergency treatment shall be my sole responsibility. It is also my understanding that effort shall be made to contact the undersigned prior to rendering treatment to the child, but that none of the above treatment will be withheld if the undersigned cannot be reached.

Parent or Guardian _____ Phone (____) _____

Signature of Parent or Guardian _____ Date _____

Emergency Contract _____ Phone (____) _____