



WAIVER

In consideration of _____, my minor child, being allowed to participate in the Indianola Basketball Association (IBA) league, related events or activities, I, the undersigned, acknowledge, represent and agree to the following:

I understand that basketball is a vigorous sport and involves physical activity such as running, jumping, rotation, violent bodily contact, and rapid directional change. I acknowledge, agree and represent that I understand the nature of the activities offered by the IBA, and that my child is in good health and in proper physical condition to participate in basketball games, practices and conditioning for the IBA league. I certify that I have adequate insurance to cover any injury or damage my child may suffer or cause while participating in any of the activities offered by the IBA. I agree to bear the costs of such injury or damages. I further represent that my child's present level of physical condition is consistent with the demands of active participation in basketball.

I understand that my child's participation in basketball involves certain inherent risks and that regardless of the precautions taken by the IBA or the participants, some injuries may occur. These injuries may include, but are not limited to sprains, strained muscles, broken bones, dislocated joints, permanent disability, quadriplegia, and possible death as a result of participants running into each other, stepping or tripping over another, running into a wall or other obstruction, and being struck by another player or referee. I further understand that adhering to safety rules and/or policies may lessen the likelihood of injury, such as, proper warm up before practices and games.

I hereby agree to abide by the IBA's terms and conditions of play and its code of conduct. In order to properly protect my child's safety and that of other participants, I agree to follow these rules and any others that may be given to my child by my child's coach(es), officials or agents of the IBA. Further, in recognition of the shared responsibility of safety, I will remove my child and immediately report any noted deviations from the safety rules or any observed hazardous conditions or equipment to the coach(es), officials or any IBA agent.

I HAVE CAREFULLY READ THE FOREGOING DOCUMENT. I HAVE HAD THE OPPORTUNITY TO ASK QUESTIONS AND HAVE THOSE QUESTIONS ANSWERED TO MY SATISFACTION. I AM CONFIDENT THAT I FULLY UNDERSTAND AND KNOW THE INHERENT RISKS REGARDING MY CHILD'S ACTIVIE PARTICIPATION IN THE IBA BASKETBALL PROGRAM.

I, the parent/guardian of the above named registrant, do give my approval and permission for his/her participation for any and all activities during the current IBA season. I ASSUME ALL THE RISKS ASSOCIATED WITH AND THE HAZARDS INCIDENTAL TO THE CONDUCT AND ACTIVITIES THAT MY CHILD MAY PARTICIPATE IN. I, my spouse, my child and on behalf of my/our heirs, assigns, personal representatives and next of kin, do further RELEASE, ABSOLVE, INDEMNIFY AND HOLD HARMLESS the IBA, the organizers, board members, volunteers, officials, participants, coaches, and Indianola School District. In case of injury to my son/daughter, I HEREBY WAIVE ALL CLAIMS against the IBA, organizers, sponsors, volunteers, board members, officials, coaches, and fellow participants. I hereby voluntarily request my son or daughter be allowed to participate.

X _____
Signature of Parent or Guardian

Print name

Date

X _____
Signature of Parent or Guardian

Print name

Date