

# **Down Syndrome Association of Jacksonville 2008 Basketball Team Waiver Form**

## **Medical Release**

The undersigned acknowledges that the Down Syndrome Association of Jacksonville and the Hendricks Avenue Baptist Church (to include their representatives) are not liable for any injury sustained while participating in activities associated with this program.

In consideration of my privilege to participate in the Down Syndrome Association of Jacksonville Basketball program, I voluntarily release and discharge the Down Syndrome Association of Jacksonville and its agents and or volunteers from any and all claims for the injury, illness, death or damage my child may suffer as a result of participation in the Basketball program. I expressly acknowledge that I assume the risk of any injury or illness that may result from my participation in this program's activities.

I understand that there is no accident or medical insurance provided with this activity.

Although no medical consent is required with this registration, it is the full responsibility of the parent to obtain such medical consent/approval from participant's doctor.

At all times, a parent or guardian must be present during the basketball game.

\_\_\_\_\_  
(Print Full Name of Child)

\_\_\_\_\_  
Signature (Parent or Guardian)

## **Photo Release**

I, \_\_\_\_\_, agree that the Down Syndrome Association of  
(Print full Name of Parent/Guardian)  
Jacksonville may display, publish and share in any way, photos of my  
child/family.

\_\_\_\_\_  
(Print Full Name of Child)

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date