**MYBA**

**Medical Waiver**

**2018-2019**

WAIVER OF LIABILITY AND RELEASE FORM - As parent or legal guardian of the player
registered above, I hereby give approval for the participation of my child in
all activities of the Millis Youth Basketball Association program during the
2018-2019 season, in full recognition of the possibility of physical injury
associated with participation. I hereby release, discharge and/or otherwise
indemnify Millis Youth Basketball Association, and their commissioners,
coordinators, coaches, sponsors, volunteers, and associated personnel,
including the owners of facilities and equipment utilized for the basketball
program, against any claim legal, monetary, or otherwise, by or on behalf of my
child arising as a direct or indirect result of my child??s participation in the
program, including as a direct or on direct result of being transported to and
from the same, which transportation I hereby authorize. In the event that
emergency medical care is required, I hereby consent to its being administered
or prescribed by a duly licensed health care provider under whatever conditions
are necessary to preserve life, limb or well being of my child, and I hereby
release, discharge, and/or otherwise indemnify all agents, volunteers, and
associated personnel of Millis Youth Basketball Association from any and all
liability arising directly of indirectly out of actions taken and decisions
made by said agents, volunteers and associated personnel in the process of
providing first aid and obtaining professional medical care.

Player Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_