**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_