

INJURY WAIVER SHEET

Parent/Guardian (s): _____ I (we) recognize the possibility of physical injury associated with the sport of basketball. I (we) release Reflections of Christ Kingdom, coaches, trainers, parents, representatives, successors, schools, school districts, religious organizations and other owners of the facilities where practices and games are played and their employees (all of the foregoing are collectively referred to herein as the Brazoria County Athletic Association from any and all liabilities, claims, damages, and expenses, whether known or unknown, sustained by the player or by the undersigned which in any way arise out of, or are connected with or relate to the participation by the player in any activity (including without limitation transportation to and from activities) organized by or in any way associated with the Brazoria County Athletic Association)

Sign _____ Date _____

Sign _____ Date _____