



BHS Out of Season Athletic Waiver

I, as the parent/legal guardian of _____, a participant in the sport of basketball, intending to be legally bound, release the Bangor Area School District, its Board, administrators, employees, representatives, and agents from any liability whatsoever, resulting from injury obtained by my son/daughter while participating in the out-of-season training program conducted by Coaches Kessler, Randolph, Pysher, Childs, Pinto, & Gilliland. I understand that, although the program (ie. Clinic, camp, tournament, summer league, or any other acceptable training activity, as permitted by P.I.A.A. rules) is being conducted by a member of the school district's coaching staff for the benefit of the school district's student-athletes, it is an off-season activity, which is not sponsored by the school district. I understand that the virtue of this fact, injuries sustained during such an activity are not covered by the school district's athletic injury insurance, and are not the responsibility of the school district, but rather of the parent/ legal guardian.

I release and discharge Bangor Area School Districts, Coach Colin Kessler and all his coaching staff, and the Bangor Boys Basketball Booster Club from all injuries, sicknesses, disabilities, death, and/or damages in any way connected with my participation in open gyms, summer leagues, tournaments, and team camps, whether or not caused in whole or in part by their negligence. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal actions or claims for such liability, injury, loss or damage; and I agree to fully indemnify the Bangor Area School District, Coach Colin Kessler and all his coaching staff, and the Bangor Boys Basketball Booster Club (including reasonable attorney's fees) in the event of legal actions or claims related to injuries to the below identified participant.

To HOSPITAL AUTHORITY I hereby give my authorization for an emergency professional medical/surgical treatment required by my child should he/she become injured and need treatment while participating in the abovementioned out-of-season training program.

Insurance Company _____ Plan Number _____

Signature: _____

(parent/legal guardian)

Date: _____