

# **HOLD HARMLESS HOPEWELL-LOUDON LOCAL SCHOOLS**

## **Release a waiver of liability and medical authorization**

I, the undersigned, and my adult guardian, consent to participation in the stated activity below at Hopewell-Loudon Local Schools. We understand that this activity is a physical sport with contact and collisions. We understand that accidents and injuries do occur during the participation of this sport. We agree that the participant is responsible for his or her own safety. We hereby assume all risks associated with my attendance and participation in this activity.

We consent that we have no knowledge of any physical impairment that would interfere with participation in said event. We waive and release all of the following parties from liability if such an accident occurs: Hopewell-Loudon athletic programs, Hopewell-Loudon Board of Education and Administration, any and all Hopewell-Loudon staff members and students, and any other organization of persons involved in the process.

### **ACTIVITY:**

**Boys' Youth Basketball**

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**PLEASE SIGN AND RETURN BY THE FIRST DAY OF PARTICIPATION**

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**PLAYER'S SIGNATURE**

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**PLAYER'S NAME**

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**GUARDIAN'S SIGNATURE**

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**DATE**

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**SCHOOL NAME**