



Basin Recreation
 P.O. Box 980127
 Park City, UT 84098
 Phone: 435-655-0999
 Fax: 435-649-4325
 www.basinrecreation.org



Basin Recreation Event Waiver

| | | | | | |
|---|----------------------|-------------------------------|---------------------------------|-------------------|----------------------|
| Participant Name: | <input type="text"/> | <input type="checkbox"/> male | <input type="checkbox"/> female | Birthdate: | <input type="text"/> |
| Participant Name: | <input type="text"/> | <input type="checkbox"/> male | <input type="checkbox"/> female | Birthdate: | <input type="text"/> |
| Participant Name: | <input type="text"/> | <input type="checkbox"/> male | <input type="checkbox"/> female | Birthdate: | <input type="text"/> |
| Participant Name: | <input type="text"/> | <input type="checkbox"/> male | <input type="checkbox"/> female | Birthdate: | <input type="text"/> |
| Address: | <input type="text"/> | Home Phone: | <input type="text"/> | | |
| City/State/Zip: | <input type="text"/> | Email Address: | <input type="text"/> | | |
| Mother/Guardian Name: | <input type="text"/> | Mother Cell Phone: | <input type="text"/> | | |
| Father/Guardian Name: | <input type="text"/> | Father Cell Phone: | <input type="text"/> | | |
| Emergency Contact (name/phone/relationship): | <input type="text"/> | | | | |
| Primary Physician/Phone: | <input type="text"/> | | | | |
| Insurance Carrier: | <input type="text"/> | | | | |

PARENTAL STATEMENT OF AGREEMENT

In consideration of being allowed to participate in any way in any SNYDERVILLE BASIN'S SPECIAL RECREATION DISTRICTS'S ("BASIN RECREATION") related events and activities, I and/or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian I will instruct the minor to inspect, the facilities and equipment to be used and if believe to the best of my ability that anything is unsafe, I and/or the minor participant will immediately advise the BASIN RECREATION of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant, will be engaging in activities that involve risk and serious injury, including permanent disability and death, and severe social and economic losses which might result only from my actions, inactions's, or negligence of others, the rules of play , or the condition of the premises of any of the equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue the BASIN RECREATION, its affiliated clubs, their represented administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "releasess", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or in part by the negligence of the releasee or otherwise.
5. MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to BASIN RECREATION to copyright and/or publish any and all photographs, videotapes and/or film in which my child appears while attending ANY BASIN RECREATION camp, program or event. I further agree that BASIN RECREATION may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

I have READ and AGREE to the media release: YES NO

I/WE HAVE READ THE AVBOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT

Signature: Date:

I have READ and AGREE to the above waiver: YES NO

Youth Sports Alliance
Participant Release of Liability and Waiver

In consideration of being allowed to participate in any activity conducted directly or indirectly under the auspices of the Youth Sports Alliance ("YSA"), a Utah nonprofit corporation, or any member team or club under the YSA, or any venue upon which any such activity is conducted the undersigned and/or the minor participant for whom I am the parent or guardian, for myself and on behalf of my heirs, assigns, personal representatives and next of kin:

1. Acknowledges and fully understands that I or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability or possibly death, and severe economic and social losses which might arise or result from my own actions, inactions, or negligence of others, the rules of play, the condition the venues, surface hazards, weather conditions, vehicular traffic or the condition of any equipment used and possible additional risks not known at the time.
2. Assumes all of the foregoing risks including, without limitation responsibility for injury, damages, permanent disability or death.
3. Releases, waives, discharges, indemnifies and covenants not to sue YSA, its officers, employees, directors and agents, any of its member teams or clubs or their respective officers, employees, directors or agents, including volunteers, and any venue upon which such activity is conducted all of whom are hereinafter referred to as "Releasees", from any and all claims, demands, losses or damages arising out of or resulting from injury, including permanent disability, death or damage to property whether caused in whole or in part by the negligence of Releasees or otherwise.

I/we have read and understood the foregoing waiver and release of liability and acknowledge that by signing this waiver and release that I/we have given up substantial rights. This Release and Waiver may not be changed orally

Participant's Name

Signature

Date

Email

Parent or Guardian Certification

This is to certify that I, as parent/guardian with legal responsibility for the above named participant do hereby consent and agree to the terms and conditions of the Release and Waiver set forth above and for myself, my heirs and personal representatives do hereby agree to indemnify and hold harmless the Releasees from any and all liabilities or obligations of any kind arising out of, or resulting from the participation of _____ [insert name of participant] in any of the programs of YSA as described above including any claims resulting from the negligence of any Releasee or Releasees.

Parent or Guardian's Name

Emergency Phone

Date

Youth Sports Alliance Concussion Policy

Any Get Out & Play participant that is suspected of having sustained a concussion must be removed immediately from participation in the program. The athlete will be prohibited from further participation until evaluated and cleared to return in writing by a qualified health care provider trained in the evaluation and management of concussive head injuries. The health care professional must certify to Youth Sports Alliance and the associated venue in the return letter that he/she has successfully completed a continuing education course in the evaluation and management of concussive head injuries within three years of the day on which the written statement is made.

The UHSAA (Utah High School Activities Association) forms may be used by any physician .

Youth Sports Alliance will provide names of recommended qualified health care providers upon request.

About Concussion: A concussion is a type of traumatic brain injury (TBI) caused by a bump, blow or jolt to the head. Concussions can also occur from a fall or a blow to the body that causes the head and brain to move quickly back and forth. Doctors may describe a concussion as a “mild” brain injury because concussions are usually not life-threatening. Even so, their effects may be serious.

Risk of Continued Participation: A repeat concussion that occurs before the brain recovers from the first, usually within a short period of time (hours, days, or weeks), can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in edema (brain swelling), permanent brain damage, and even death.

Youth Sports Alliance recommends thorough reading of the Center for Disease Control’s and/or Think Head First resources on concussion awareness at the following links:

http://cdc.gov/concussion/HeadsUp/online_training.html

<http://thinkheadfirst.com/>

I have carefully read the foregoing and understand it to be a legally binding release and indemnity agreement and agree to follow the rules outlined.

Parent or Guardian signature

Printed Name

Date

Youth Sports Alliance
PHOTO RELEASE AGREEMENT

I am aware that Youth Sports Alliance will be photographing students in the program for purposes of program promotion, venue recognition and general documentation. I give permission for my child to be photographed during the Get Out & Play Program, or while participating in any Youth Sports Alliance events or activities.

Photos will not be used or distributed for any other purpose.

Parent Signature _____ Date: _____

Printed Name: _____