

# Medical Release

\_\_\_\_\_ Team                      Date \_\_\_\_\_

I/We assume all risks and hazards incidental to basketball participation, including transportation to and from games, and I/we do hereby waive, release, absolve HYAL, sponsors, supervisors and participants from all claims arising out of injury to my son/daughter except to the extent covered by accident or liability insurance. Additionally, I give my consent for medical care prescribed by a licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

Child	Parent name	sign name	Cell phone
_____	_____	_____	_____
_____	_____	_____	_____
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