

**Aggieland Homeschool Athletics (AHA) Basketball  
Liability Waiver and Consent to Treat**

As parent/legal guardian of the child(ren) named herein, I hereby give permission to Aggieland Homeschool Athletics Basketball, its officers, agents, trainers, coaches or volunteers to take whatever action is necessary for the health and welfare of my child, including consenting on my behalf to any and all medical treatments, procedures, operations and/or hospitalizations.

I further agree to indemnify and hold harmless Aggieland Homeschool Athletics, AHA Basketball, as well as its officers, agents, trainers, coaches, or volunteers from any and all liability, damage, or expense arising out of my child's participation in any AHA Basketball activity.

In consideration of being allowed to participate on behalf of Aggieland Homeschool Athletics sports programs and related events and activities, I agree that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Aggieland Homeschool Athletics, their officers, agents, employees, members, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I understand there are inherent risks to participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation in the AHA Basketball Program.

My consent to treat and release is valid for 1 year from the date of signature.

Parent/Guardian Name (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide all email addresses you'd like AHA Basketball information sent to:

\_\_\_\_\_

Player's Name	Gender	Date of Birth	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any medical conditions or allergies we need to know about:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(if parent/guardian listed above cannot be reached)