

**OSWEGO EAST WOLF PACK**

**WAIVER AND RELEASE OF ALL CLAIMS**

Name : \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**Please read this form carefully and be aware that in signing up and participating in this program, you will be waiving and releasing all claims for injuries, you might sustain arising out of this program.**

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including damages or loss which my child may sustain as a result of participating in any and all activities connected with such program. I agree to waive and relinquish all claims my child or I may have as a result of participating in the program against at Oswego East High School, Oswego School district and / or Oswego East Wolf Pack basketball, and their officers, agents, volunteers, and employees from any and all claims from injuries, including damage or loss which my child or I may have or which may accrue to us on account of my participation in the program. I further agree to indemnify and hold harmless and defend Oswego East High School, School District 308 and / or Oswego East Wolf Pack basketball, and their officers, agents, volunteers and employees from any and all claims resulting from arising out of, connected with, or in any way associated with the activities of the program. In the event of an emergency, I authorize Oswego East High School and / or Oswego East Wolf Pack Basketball to secure from any licensed hospital, physician and or medical personnel any treatment deemed necessary for child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

**I have read and fully understand the above program details and waiver and release of all claims.**

PRINT PLAYERS NAME: \_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_ YOUR TEAM: \_\_\_\_\_