

Salem Capitals Basketball

PARTICIPATION & INSURANCE WAIVER FORM

Participant's Name
Address 1
Address 2
Phone

I acknowledge that there are inherent risks associated and accompanied with this workout. I understand that I could be injured as a result of an accident arising out of participation in this workout. In consideration for permitting myself (named above) to participate in this workout, I release and hold harmless the coaches and staff from all liability including, but not limited to, liability for injuries or damages sustained while participating in this workout.

Signature _____ Date _____.