

## Wear Out The Net Basketball Academy Individual Waiver

9913 214th Street West, Suite E, Lakeville, MN 55044  
(952)469-5513 [wearoutthenet@frontiernet.net](mailto:wearoutthenet@frontiernet.net)

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Additional Emergency Contact:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Significant information regarding your child:  
\_\_\_\_\_

I represent to Wear Out The Net, Inc. that I and/or my child is physically fit to perform those activities which he/she may undertake with Wear Out The Net Basketball Academy and that I am solely responsible for all health risks associated with such activities. I understand that Wear Out The Net, Inc. recommended that I and/or my child be examined by a physician prior to engaging in activities at the Wear Out The Net Basketball Academy. I acknowledge that Wear Out The Net, Inc. including its employees are not licensed medical practitioners, and that their advice is therefore limited in scope and is not a substitute for medical supervision and advise. I acknowledge that I and/or my child's attendance at or use of the Wear Out The Net Basketball Academy or participation in any Wear Out The Net, Inc. activities or programs, including without limitation his/her use of the Wear Out The Net, Inc. equipment or facility. I hereby assume all risks of personal injury, illness/virus, death, property loss, or other damages which may result from or arise out of attendance at or use of Wear Out The Net, Inc. or liability on my behalf shall apply to any and all claims against Wear Out The Net, Inc. and its owners, shareholders, officers, employees, agents or affiliates(collectively Wear Out The Net Basketball Academy) for any such personal injuries, illnesses, property loss or other damages connected to or arising out of any of the aforesaid risks. I hereby on behalf of myself and my son/daughter fully and forever release and discharge Wear Out The Net, Inc. from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated resulting from or arising out of my or my child's attendance at or use of the Wear Out The Net Basketball Academy or their participation in any of the programs, activities, including those which arise out of the negligence of the Wear Out The Net Basketball Academy. Further I hereby release and discharge Wear Out The Net, Inc. from any and all liability for any loss, or theft of, or damage to personal property, including without limitation automobiles and personal possessions. I acknowledge that I have carefully read this Waiver and Release and fully understand that it is a waiver and release of liability.

I understand that I assume full responsibility for the risk my child is taking in participating in Wear Out The Net Basketball during a COVID-19 pandemic.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_