

TOP GUN BASKETBALL WAIVER FORM

Team Name: _____ **Division:** _____

Head Coach: _____ **Phone:** _____

Team Rep: _____ **Email :** _____

I, the undersigned as participant(s) (if over the age of 18), parent(s) or guardian(s), verify that the participant(s) listed below are in good health and able to fully participate in all event(s) and activities related to Top Gun Basketball Academy LLC

Top Gun Basketball Academy LLC and all affiliated entities and agents, including but not limited to, host sites, officers, directors, owners, referees, and staff (collectively the "Indemnities"), from any and all liability claims for injury, illness, or death and/or including loss sustained by the participants while playing, practicing and traveling to and from that may be incurred during all event(s) and activities related to Top Gun BasketballAcademy LLC

I, as the undersigned (as participant(s), parent(s), or guardian(s)), listed below, assume all risks and absolve, indemnify, and hold Top Gun Basketball Academy and the Indemnities harmless of any and all liability or damage, injury, or expense arising out of, or related to Top Gun Basketball Academy

I hereby represent that all information provided herein is true and correct.

EX: John Doe 04-10-88 5 #33 Dave Smith

PLAYER NAME	BIRTHDATE	GRADE	JERSEY #	PLAYER GUARDIAN	Signature
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12. _____

Coaches Signature _____