**OM Basketball Liability Waiver Form**

Student-Athlete’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Post Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian’s Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Contact’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Emergency Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Does the Player Have Asthma? (Circle One) Yes No

In case of emergency, do you want Orhan and/or other lead coaches to seek medical care? (Circle One) Yes No
Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIABILITY WAIVER: I agree not to hold OM Basketball responsible for any loss, injury or accident which may result from participating in a private/ group based skill development session or any other basketball-related activities conducted by OM Basketball. I will not make any claim against OM Basketball to recover any loss or expense incurred by you because of any such loss, injury or accident. In consideration of my child being allowed to participate in basketball sessions including; A basketball academy, camps, private and group skill sessions, games, I, the parent/guardian, assume the risk of all injury and agree not to take legal action towards OM Basketball, the camp organizers, coaches, assistant coaches, school or volunteers for all injuries caused by or resulting from participating in all things related to OM Basketball. By signing this waiver, I agree and adhere to the above information. I also authorize the use of pictures and/ or videos of the above-named participant to possibly be uploaded on OM Basketball’s website or other forms of social media including but not limited to Twitter and Instagram. Should you decline the use of any or all photographs of your son/ daughter, please notify Orhan Memedovski.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OM Basketball
Bruce, Canberra, ACT - 2617- Canberra Australia- Phone 0452 524 224- Info@ombasketball.com - www.ombasketball.com