# SCWAU INDIVIDUAL RELEASE

| LAST NAME: | FIRST NAME: | MIDDLE NAME: | DOB: |
|---|---|---|---|
| ADDRESS: | CITY AND ZIP: | PHONE: | |
| TEAM AFFILIAITON: | DIVISION LAST PLAYED: SCWAU / SCHOOL DIVISION | | |
| NAME OF PARENT OR GUARDIAN(IF MINOR): | | | |
| SIGNATURE OR PARTICIPANT: | DATE: | | |

PREVIOUSLY REGISTERED? YES _____ NO _____

I am in good physical health and fit for participation in active sports. I have read the Assumption of Risk and Release of Liability below and accept the terms set forth.

_____ _____

Signature of participant Date

**ASSUMPTION OF RISK AND RELEASE OF LIABILITY**

I, the undersigned, being an adult, 18 years of age or over, agree to assume all risk for injuries arising out of the participation of _____ in basketball or any other activities by or involving the Southern California Women's Athletic Union, and to make no claims whatsoever for injuries against Southern California Women's Athletic Union, it's officers, agents or members by reason of the participation of said agreeing adult / minor child.

_____

Signature of participant

I, _____ represent _____ said minor child, as the parent or guardian of said minor child entitled to the right of custody thereof. I further represent said minor child to be physically able to participate in said activity, basketball or any other activiety by or involving Southern California Women's Athletic Union. I further agree to assume the responsibility for careful inspection of the grounds and/or facilities where said minor child participates in any activity, upon each arrival, and my assumption of risk as set forth above shall include the physical grounds,structures and facilities, including any transportation utilized in connection with said activity.

_____ _____

Name of parent or guardian(PRINT) Date

_____

Signature of parent or guardian

_____

PHYSICIAN'S REPORT (FOR MINOR CHILD)

_____ Was examined and found to be in good physical health and fit for participation in active sports.

_____ _____

NAME OF PHYSICIAN (print) SIGNATURE OF PHYSICIAN

TEAM AFFILIATION: _____