



_____WAIVER: I hereby authorize the staff of Coleman Culture Basketball to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Coleman Culture Basketball from any injuries incurred while at academy/camp. To the best of my knowledge, the student-athlete can fully participate in sports activities. I am fully aware of risks and hazards connected with the activity, and I hereby allow the student-athlete to voluntarily participate in activities and engage in such activity knowing that the activity may be hazardous. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury. By typing your name below, you are agreeing to waive the staff of Coleman Culture Basketball of all liability during academy, camps or games.

_____WAIVER: By signing below, I understand that I indemnify, release and hold harmless CPSB (Calcasieu Parish School Board), it's officials and employees, from any and all injuries and damage of any kind sustained by me/my child during the use of facilities belonging to these entities present or future.

Athlete's Name: _____

Parent Signature: _____