



Important Information:

I hereby certify that: _____

Is in normal health and capable of participating in any Basketball Development Group Function.

Release:

I hereby authorize The Basketball Development Group, staff members, volunteers and/or representatives to act for me using their best judgement in any emergency requiring medical attention. I hereby release, discharge/indemnify The Basketball Development Group staff, volunteers, affiliated organization and their employees. Associated personnel, including the Owners of facilities utilized for any Jazz program and/or being transported to or from the same, I also Understand that all exercise and the use of this facility is being undertaken at my own risk, and that I am responsible for any and all physical injuries, damages, or cause of actions whatsoever to persons or property resulting from of connected with the use of the services and facilities. The Basketball Development Group skills clinic, Travel Teams, and leagues are participate at your own risk programs.

The Basketball Development Group and its contributing organizations cannot be held responsible for personal injury damages during functions. I also understand that all fees are non-refundable unless extreme circumstances warrant.

I have read the above and release and agree to abide by it:

Guardians' Signature: _____

Date: _____

Players cannot tryout with this signed form.

Make checks payable to: BGD Hoops
PO Box 633
Berlin, NJ 08009
856.583.0535
www.bdghoops.com