



**AMCC BASKETBALL/RACQUETBALL COURT  
Activity Waiver Form (Basketball/recreational//fitness/gym)**

**Waiver of Liability Release Form  
(PLEASE WRITE LEGIBLY IN ALL CAPITAL LETTERS)**

In consideration of being allowed user in the AMCC basketball and Racquetball court, the undersigned acknowledges and agrees that:

1. The risk of injury from the activities involved in this program is significant, including but not limited to the potential for permanent paralysis and death, serious injury to internal organs, musculoskeletal injuries and possible impairment to my general health and well-being.
2. I knowingly and freely assume all responsibility for any risk of loss, property damage or personal injury that may be sustained by me, or any loss or damage to property owned by me, as a result of my use of AMCC Fitness Center.
3. I further agree to release and hold harmless AMCC from all claims and liabilities of any type whatsoever and for damages to, loss or destruction of any property or injury, sickness, or death, which may result from my participation in Fitness Center activities.
4. I am willing to agree to comply with AMCC Fitness Center's rules and regulations.
5. I acknowledge that I am in good physical condition and do not know of any condition or reason that I should not participate in Fitness Center activities.
6. I understand that a medical examination to assure myself of physical fitness is desirable, that obtaining such an examination is my own responsibility.

In signing this release, I acknowledge and represent that I read the foregoing Wavier of Liability Form, understand it and sign it voluntarily as my own free act and deed. If 18 & under, my parent or guardian must sign the form.

**Parent or Guardian (Over 18)**

<b>Full Name: (Parent / Guardian)</b>	<b>Relationship to participant: (Circle one)</b>  <div style="display: flex; justify-content: space-around;"> <span><b>Mother</b></span> <span><b>Father</b></span> <span><b>Guardian</b></span> </div>
<b>Name of Activity:</b>	<b>Phone:</b>

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**For participants of Minority Age (under 18)**

This is to certify that I, as **parent/guardian** with legal responsibility for this participant,

**FULL NAME OF PARTICIPANT:** \_\_\_\_\_ **AGE:** \_\_\_\_\_

do consent and agree to his/her release as provided above.

<b>Parent/Guardian Signature:</b>  _____	<b>Date:</b>  _____
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