HOME COURT STL

PLAYER PARTICIPATION WAIVER & RELEASE

Player Name: _____ Date of Birth: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Participation & Assumption of Risk

I give permission for the player named above to participate in basketball, training, practices, games, camps, clinics, leagues, tournaments, and other athletic activities at or through Home Court STL. I understand that sports and physical activity involve inherent risks, including falls, collisions, sprains, fractures, concussions, and other injuries. I voluntarily accept these risks on behalf of myself and/or the player.

Health & Emergency Care

I confirm that the player is physically able to participate and I will notify Home Court STL of any medical condition, allergy, injury, or restriction that may affect participation. If I cannot be reached in an emergency, I authorize reasonable emergency medical care for the player. I understand that I am responsible for medical expenses incurred.

Release of Liability

To the fullest extent permitted by law, I release and hold harmless Home Court STL, LLC, its owners, managers, coaches, trainers, staff, volunteers, contractors, and facility partners from claims arising from the ordinary risks of participation, except to the extent a claim cannot legally be waived.

Conduct & Property

I understand that players are expected to follow coach and facility rules, use equipment appropriately, and conduct themselves safely and respectfully. Home Court STL is not responsible for lost, stolen, or damaged personal property.

Optional Photo / Video Permission

Please check one: [ ] YES, Home Court STL may use photos or video of this player for website, social media, and promotional purposes. [ ] NO.

By signing below, I confirm that I have read and understand this waiver and voluntarily agree to its terms.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Player Signature (if 18+): _____ Date: _____