

CAROLINA LADY HURRICANES

Carolina Lady Hurricanes Waiver/Consent Form

_____ Name of Minor (Child)

This waiver covers the player listed above for all of the Carolina Lady Hurricane events.

I, _____, (parent/guardian) acknowledge all of the risks of playing basketball, along with the risks associated with travel AAU basketball and all other basketball related activities on and off the court with Carolina Lady Hurricanes. I am also aware of the physical requirements to engage in all of Carolina Lady Hurricane events. I release not to sue any individual from the staff of Carolina Lady Hurricanes or affiliates from any or all physical incidents including death that may occur while playing with this program and at other events.

I have read and fully understand the information printed above from this waiver/consent. I voluntarily sign this form.

_____ (Name of parent/guardian **PRINT**)

_____ (Name of parent/guardian **SIGN**)

_____ (Date)