

THIS FORM IS TO BE COMPLETED BY ALL PARTICIPANTS AND MUST BE HANDED IN BY YOUR HEAD COACH AT REGISTRATION PRIOR TO YOUR FIRST GAME.

NO ONE MAY PARTICIPATE WITHOUT THIS FORM COMPLETED IN ITS ENTIRETY AND RECEIVED BY AN AFBE REPRESENTATIVE PRIOR TO THE EVENT.

**ATHLETES FOR BETTER EDUCATION (A.F.B.E.)
PARTICIPATION WAIVER**

Players Name _____ Cell Phone _____

Parent or Guardian _____ Cell Phone _____

Name of event **AFBE BASKETBALL TOURNAMENT** Date of conference **Summer 2020**

Medical Insurance Company _____

Group Number _____

Policy Number _____

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to participate in and Athletes for Better Education (AFBE) event.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while at an AFBE event. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during this event.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release A.F.B.E. and its representatives from any claims for personal illness or injury that my son/daughter may sustain during the conference. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the event or of A.F.B.E. I also take responsibility and acknowledge the accuracy of the information provided.

I attest that my daughter has been declared physically fit by a doctor to be able to participate in an AFBE event.

Parent/Guardian Signature _____ Date _____ Cell Phone _____

THIS FORM IS TO BE RETURNED TO YOUR COACH WHO WILL GIVE TO AFBE