E11even Training By Cee & Cee Tomlinson Basketball Academy Waiver Form

Dear Parents/Athletes & Clients,

We at E11even Training By Cee & Cee Tomlinson Basketball Academy hold ourselves in high regards in providing exceptional Personal Training, strength & conditioning and Basketball skill development. This Waiver form must be completed by parents of athletes/clients whom are attending any sessions/programs organised from E11even Training By Cee & Cee Tomlinson Basketball Academy.

Please complete the Waiver form and return to Cee.

Participation and Injury

I acknowledge that E11even Training By Cee & Cee Tomlinson Basketball Academy sessions/programs include physical activity and tasks that inherently contain a small risk of injury. I understand that such activities are carried out with appropriate supervision and that a athlete/client may decline to participate at any time in one or more of these activities should they so desire. If an athlete/client elects to participate in the activity, I accept all consequences of participation including any risk of injury associated with participation in the activity.

I acknowledge that E11even Training By Cee & Cee Tomlinson Basketball Academy staff/coaches & trainers may terminate an athlete/clients participation in a E11even Training By Cee & Cee Tomlinson Basketball Academy program if athlete/client continued participation is assessed to have the potential to put him/herself or other participants at risk of harm. If athlete/client participation is terminated, I acknowledge that the athlete/client needs to be collected and there is no refund on program/sessions.

Indemnity

Except as to the extent that E11even Training By Cee & Cee Tomlinson Basketball Academy, it's coaches and trainers are entitled to be indemnified by an insurance policy, under a policy of insurance maintained by E11even Training By Cee & Cee Tomlinson Basketball Academy, I hereby release and indemnify E11even Training By Cee & Cee Tomlinson Basketball Academy, its coaches and trainers against any liability (including liability involving negligence) in relation to participation in any activity connected with E11even Training By Cee & Cee Tomlinson Basketball Academy.

Medical Treatment

I authorise E11even Training By Cee & Cee Tomlinson Basketball Academy, in the event of any injury or illness occurring during or in connection with any activities of E11even Training By Cee & Cee Tomlinson Basketball Academy, to obtain on, by me and at my expense any medical treatment as may be considered appropriate. I agree to pay on demand by E11even Training By Cee & Cee Tomlinson Basketball Academy, any medical, hospital or other expenses incurred by E11even Training By Cee & Cee Tomlinson Basketball Academy in this regard.

Permission to use video's and images

By signing this form, I acknowledge and understand that some sessions may be video and/ or images be taken for website, social media and promotional material. I hereby grant permission for myself, my child, athlete or client video and image to be used as such material.

Consent to Participate

Ι,	
(Please pl	int your name in full)
Consent for my child/athlete/clie Academy and agree to the term	ent to participate in E11even Training By Cee & Cee Tomlinson Basketball as above.
Agreement	
Signed	
Date	
Contact Details	
Name	
Address	
Suburb	Postcode
Phone Number	
Medical details of participant Does your child/athlete/client pollen etc)	or do you have any known allergies? (Penicillin, bee stings, nuts, eggs,
Yes No	
If yes, please give details:	
	injuries or health concerns that you may wish to impart to E11even on Basketball Academy about yourself or your child/athlete/client?
Name	which I have provided on this form is complete and correct.
Signed	Date:

Please note that this form will be kept strictly confidential and will only be used for the purposes of protecting participant safety. E11even Training By Cee & Cee Tomlinson Basketball Academy *ensures appropriate adult supervision for all its activities.*