OVER THE EDGE
RELEASE AND HOLD HARMLESS AGREEMENT

Please read this form carefully and be aware that in signing this agreement, you will be waiving and releasing all claims for injuries you and your child or any person over which you are legal guardian that might be sustained as a result of your participation in the Over The Edge travel basketball program

As a participant, I understand, recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of injuries, damages or loss which I may sustain as a result of my participation in tryouts, practices, games, clinics and any other participation in Over the Edge travel basketball.

I agree to waive and relinquish all claims I may have as a result of using the facilities including but not limited to claims for unsafe conditions, improper maintenance, negligence, negligent supervision and any other fact relating to the condition of the facilities.

I do hereby release and discharge Over The Edge and its members, coaches, staff and agents from any and all claims from injuries, damage or loss which I may have or which may accrue to me as a result of my participation in Over The Edge travel basketball.

I further agree to provide health insurance for my child or any person of which I am legal guardian.

In the event any provision contained herein is deemed invalid by a court of competent jurisdiction, all other provisions shall remain valid. The singular denotes the plural and any reference to "I" or "my" shall include the person, person's child or participant for which the person signing is legal guardian.

I have read and fully understand the above Waiver Release of all Claims. Waivers must be signed by participant's legal guardian. Facsimile signatures will be considered as original.

_____	_____
Signature Date	Name of Participant
_____	_____
Printed Name (Parent/Guardian)	Relationship to Participant
_____	_____
Health Insurance Provider	Policy Number