



Philippine Cultural Arts Society of BC
 9151 Bakerview Drive
 Richmond BC
 V7A 1Z7
 Registration No: S-41519

Phone: 778.839.0448
 Fax: 604.277.4262
philcasofbc@hotmail.com
www.philcas.org

**SPRING BASKETBALL LEAGUE 2006
 TEAM WAIVER AND RELEASE OF LIABILITY
 COACH/TEAM REPRESENTATIVE AND PLAYERS MUST READ AND SIGN.
 THIS DOCUMENT IS IMPORTANT, SHOULD BE READ IN ITS ENTIRETY AND SIGNED.**

In consideration of being allowed to participate in any way in the PhilCAS 2006 Spring Basketball League, the undersigned:

1. Agrees that prior to participating, he will inspect the facilities and equipment to be used, and if believes anything is unsafe, will immediately advise his coach of such condition(s) and refuse to participate.
2. Acknowledges and fully understands that he will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from his own actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or not reasonably foreseeable at this time.
3. Assumes all the foregoing risks and accepts personal responsibility for the damages following such an injury, permanent disability or death.
4. Releases, waives, discharges and covenants not to sue PhilCAS of BC, its affiliated clubs, their respective administrators, directors, agents, coaches and other members of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releases", from the demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. THIS FORM WAIVES LIABILITY FOR NEGLIGENCE. THIS AGREEMENT CANNOT BE MODIFIED ORALLY.

COACH/TEAM REPRESENTATIVE MUST SIGN			
_____ <i>Team Name</i>	_____ <i>Signature</i>	_____ <i>Date</i>	_____ <i>Parent or Guardian must sign if coach/team representative is 18 years old or younger</i>

TEAM ROSTER AND TEAM MEMBERS' WAIVER

All team members must sign (parent or guardians must sign if entrant is 18 years old or younger).
 Entry will be returned if not COMPLETED IN FULL. PLEASE PRINT OR TYPE CLEARLY.

1	Last Name	First Name	Phone	Signature
	Address	City	ZIP	Sex
	Date of Birth (MM/DD/YY)			
2	Last Name	First Name	Phone	Signature
	Address	City	ZIP	Sex
	Date of Birth (MM/DD/YY)			



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12 _____
 Last Name First Name Phone Signature

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Please submit completed form to PhilCAS of BC Official