



**2025 Germantown Winter Shootout
Team Roster and Waiver Agreement**

NOTE: A PLAYER MUST HAVE A WAIVER SIGNATURE BELOW IN ORDER TO PLAY.

Team

Grade Level

Player Name	Jersey #	Waiver Signature I/We have read, understand and agree to comply with the Waiver as outlined below.

Each player must have approval of Parent on both items below, before being allowed to play in the Germantown Winter Shootout basketball tournament.

In consideration of my child or ward participating in the Germantown Winter Shootout basketball tournament and with full knowledge of the risks of injury, such as sprains, fractures, paralysis or even death, I, for myself, my spouse, my child or ward and my and their heirs, administrators, successors, and assigns, hereby authorize the GGBC coaches, assistant coaches, officers, directors, and volunteers, and tournament sponsors, directors, officials and volunteers, to administer emergency medical treatments to my child or ward for any injury or other medical emergency while at practice, at a game, at a tournament or while traveling to or from any of these events. This permission and consents extend the right to those enumerated above to arrange for medical treatment by a licensed or certified physician, and/or other medical personnel, and for them to apply such emergency techniques which, in their judgment, they deem appropriate to treat an injury or illness sustained by my child or ward.

Release of Claims

On behalf of myself, my spouse, my child or ward, and my and their heirs, administrators, successors, and assigns, I hereby waive, release, and discharge Germantown Girls Basketball Club ("GGBC") and its insurers, predecessors, successors, assigns, officers, directors, employees, attorneys, agents, lessors, coaches, volunteers, members, participants and any of their facilities utilized for basketball from any and all claims, obligations, and liabilities that may presently exist or that may exist in the future arising from any injuries to the person or property of my child or ward that resulted from or related to, or that in the future may result from or relate to his/her participation in any GGBC activity, including but not limited to, her participation in GGBC sponsored games, clinics, and practices, her travel in connection with such activities, and the administration of emergency medical care as authorized in this document. I further verify that my child or ward is physically fit to enter this basketball program.

Insurance is NOT provided - Insurance will not be provided for this voluntary activity. Parents or guardians are expected to provide their own insurance.