



## Waiver 2019

The purpose of this Agreement is to enable parents (for those under 17) and players to give informed consent for a player to participate in the 2019 Pocono Summer League at East Stroudsburg University ("ESU") and to confirm the agreement of the players and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the players participation Pocono Summer League's 2019 season and playoffs. This agreement also provides for consent regarding photographs, publication and media coverage of the 2019 Pocono Summer League. **RISKS:** I agree and understand that there are significant risks (some known and others unknown or unforeseeable) or death associated with participation in the Pocono Summer League. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the Pocono Summer League. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, field/court conditions; actions of players on opposing teams; weather; improper techniques in executing the skills needed to participate in Pocono Summer League; actions of teammates, referees or spectators; hazards inherent in a sport involving extensive and sometimes violent physical contact; improper or malfunctioning equipment; improper or inadequate training or coaching; and negligence of Pocono Summer League employees, volunteers or others of the Releasees identified below. **INSURANCE:** All players choosing to participate in the 2019 Pocono Summer League are required to be covered by personal medical/accident insurance. As a condition of participation, Pocono Summer League requires all persons choosing to participate in the 2019 Pocono Summer League to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc. Player name: \_\_\_\_\_

Home phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Group or policy #: \_\_\_\_\_

Subscriber #: \_\_\_\_\_ Name of player's physician: \_\_\_\_\_

Phone number of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_

(If you do not fill out the Insurance portion you team will not be eligible for playoff contention and this player will be removed from the league)

I confirm that I (16 or older) or my child/ward (under 16) has current medical/accident insurance coverage and that such coverage will be maintained for the duration of my child's participation in the 2019 Pocono Summer League. I confirm my understanding and consent that by participating in the 2019 Pocono Summer League, I/ my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for the Pocono Summer League to publish, on its website or in school publications, photographs and other information which may identify myself/ my child/ward related to my/ my child's participation in the 2019 Pocono Summer League. EMERGENCY MEDICAL TREATMENT: I give my permission to league commissioners or team managers to make decisions regarding emergency medical treatment for myself/ my child/ward in the event that neither of the child/ward's parents/ my immediate family can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of myself/ my child, in the event of injury or illness while myself/ my child/ward is participating in the 2019 Pocono Summer League. I confirm that I/ my child/ward am/is healthy and able to participate in the 2019 Pocono Summer League and have had the opportunity to consult with a physician on this subject if I chose to do so. PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING: Realizing that there are risks inherent in the Pocono Summer League, and in consideration of my or our child/ward's/ myself being allowed to participate in the 2019 Pocono Summer league, I/we agree to assume all risks (whether known or unknown) of participation in the 2019 Pocono Summer League, to release and hold harmless East Stroudsburg University, Dan Lewis, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releases), from any and all claims, liabilities and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of myself/ my child/ward the 2019 Pocono Summer League, other than claims, liabilities or damages based on the gross negligence of the Pocono Summer League. In addition, I/we agree to indemnify and hold the Releases harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while I/ our child/ward am/is participating in the 2019 Pocono Summer League. I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN THE 2019 POCONO SUMMER LEAGUE), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASES, TO THE GREATEST EXTENT ALLOWED BY LAW.

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Player signature

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Date

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Parent/guardian (if under the age of 16) signature

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Date