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SF RIPTIDE CLINICS/AAU WAIVER

WAIVER OF LIABILITY, ASSUMPTION OF RISK AGREEMENT, INFORMED CONSENT

All players and player parent / guardians must sign the following Waiver of Liability and Assumption of Risk Agreement before participating in any athletic endeavors sponsored and / or sanctioned by Riptide Sports LLC.

I am fully aware of the risks and hazards connected with basketball or any practice/league or any sporting event. I hereby take the following action:

1. I agree to assume all risks and responsibilities for any and all claims for damages including personal injury and medical expenses which may be incurred by participant while participant engages in any athletic events sponsored and / or sanctioned by Riptide Sports LLC.
2. I am fully aware of the risks and hazards connected with basketball or any sporting event. I recognize and understand that certain risks of harm are inherent and that there are dangers involved that cannot be foreseen during activities related to practices (onsite/offsite), conditioning/training (onsite/offsite), and tournament/league play.
3. I waive, release, discharge, and covenant not to sue Riptide Sports LLC, and their officers, directors, coaches, employees, representatives, affiliates and agents from any and all liability, claims, demands, and actions relating to any loss, damage, or injury that I could sustain during participation.
4. I further hereby agree to indemnify and hold harmless the persons or entities mentioned above from any loss, damage, or claims made of liabilities assessed against them as a result of my actions.



5. I am also willing to allow the Riptide Sports LLC to use my child's pictures or in-game/training videos for marketing purposes (i.e. Newsletters, Website, or on Social Media channels). If you would like to opt out of this, please initial/sign here below.

[] Please do not use my child's photo/video for promotional/marketing purposes:

Parent Signature: _____ date: _____

In signing this release, I acknowledge and represent that I have read the foregoing Waiver of Liability and Assumption of Risk Agreement, understand it and sign it willingly: no oral representations, statements or inducement, apart from the foregoing written agreement, have been made. I hereby bind myself and the minor participant named below to the terms of the waiver of Liability. I represent that I have legal capacity and authority to act for and on behalf of the minor named below.

I hereby give my permission for _____

Player's Name

to participate in the Riptide Sports LLC.

Further, I authorize any Riptide Sports LLC, Coach / Assistant Coach to obtain emergency treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary and for them to perform such treatment.

This authorization is granted only if I or our Emergency Contact cannot be reached and a reasonable effort has been made to do so. My child and I are aware that participating in basketball is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, and the effects of weather, traffic and other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me and I agree to hold the coaches and Riptide Sports LLC harmless in case of injury to my child. I understand this informed consent form and agree to its conditions on behalf of my child.



COVID-19 & Health Waiver

In consideration of being allowed to participate in any way in the Riptide Sports LLC athletics/sports program whether involving team or individual sports and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury and/or illness from the activities involved in the program is present, significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist.
2. The risk to have direct or indirect contact with individuals who have been exposed to and/or diagnosed with one or more communicable diseases, including but not limited to COVID-19 or other medical conditions, diseases, or maladies, and/or any mutation or variation thereof does exist, and it is impossible to eliminate the risk that I could become infected through contact with or close proximity to an individual with a communicable disease.
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
4. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the nearest official immediately; and,

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.



FOR PARENT/GUARDIAN OF PARTICIPANT OF MINORITY AGE: This is to certify that I, as parent/legal guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Club Player Parent/Guardian Signature

Date: _____

Parent/Guardian Email: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name/Relationship: _____

Emergency Contact Phone Number: _____