

SAN FRANCISCO ASSOCIATES

PLAYER-PARENT WAIVER AGREEMENT

ORGANIZATION: _____ TEAM NAME: _____

TEAM REPRESENTATIVE: _____ PHONE: _____

We, the undersigned, release the SAN FRANCISCO ASSOCIATES, its officers, tournament committee members, team coaches, officials, San Francisco City College, its employees, officers, agents, or volunteers, from all liability for any injury or loss sustained by any player or participant while playing, practicing, traveling, and participating in the SF ASSOCIATES INVITATIONAL BASKETBALL JAMBOREE.

By signing this PLAYER-PARENT WAIVER AGREEMENT, the signer authorizes the SAN FRANCISCO ASSOCIATES, its agents, members, or officers, to obtain emergency medical treatment and services for their child or ward when the parent or guardian is not present, and agree to pay for all fees and costs of such treatment and services.

PLAYER'S NAME (Print)	PARENT'S SIGNATURE

Team Representative: _____ Date: _____