

## 2019-2020 Team Teague Waiver and Release

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**PLAYER'S INFORMATION:**

Child's Name:	
Address:	
<i>Street Address Apt/Unit #</i>	
<i>City State ZIP Code</i>	
Cellular Phone: (    )	School:
E-mail Address:	
Birth Date:	Grade:

**PARENT INFORMATION:**

Parent (s) Full Name:	
Address:	
<i>City State ZIP Code</i>	
Cellular Phone: (    )	Alternate Phone: (    )
E-mail Address:	

**(Contact must be an immediate family member who knows your health history and will be able to assist in any emergency.)**

In consideration of being allowed to participate in any way with the Team Teague AAU Basketball Teams, Basketball Leagues, Tournaments and any other related activities provided by or on the property of the Team Teague Association, Visions Academy, Gym Rats LLC, Gym Rats Inc., Spiece Jeff Teague All-Stars, Marquis Teague All-Stars, Shawn Terrell Teague, Shawn Tyrone Teague, Northwest High School, Indianapolis Public Schools, The Factory, D1 Sports, Carol Teague, Marquis Teague, Jeffery Teague, Pops Teague Enterprises, Team Teague Foundation their employees, volunteers, coaches and all organizations involved in the coordination, hosting, staffing and contribution of equipment, supplies, their agents, officials and employees from and against any and claims, damages, actions, liability and expenses in connection with loss of life, personal injury and/or damage to property arising out of my participation in the above-referenced activity.

I hereby apply to participate in the Team Teague Foundation. I am acquainted with the various risks of participating in this activity including, without limitation, the significant risk of serious personal injury or death to myself and others and the significant risk of personal property damage or destruction, and hereby assume all risks and consequences associated with or arising in connection with such participation.

I hereby give Team Teague Foundation, that assigns, licenses, and legal representatives the irrevocable right to use my name, picture, portrait or photograph in all forms and media and in all manners, including composite, for advertising, for publication or any other lawful purposes and I waive any rights to inspect or approve the finished product, including written copy, which may be created in connection therewith.

I hereby agree to abide by the guidelines provided, by the Team Teague Foundation, and it is my responsibility to understand and sign the Code of Conduct and the Rules and Regulations provided and/or request assistance from my team representative to better understand the guidelines.

**I HAVE READ AND UNDERSTAND THIS WAIVER, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE DONE SO FREELY AND VOLUNTARILY WITHOUT ANY ASSURANCE OR GUARANTEE BEING MADE TO ME AND I INTEND THIS WAIVER TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

<b>SIGNATURE:</b>	<b>DATE:</b>
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(I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief and are in good faith)

*Note: The collection of information will be used to determine eligibility to play and kept in file for future use on any activities. On behalf of TEAM TEAGUE FOUNDATION, we thank you for your participation.....HAVE FUN!!!!!!*