



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

Organization: SHIFT Basketball **Activity:** Elite Athletic Training / SHIFT Protocols

1. DISCLOSURE OF RISK

I, the undersigned, understand that participation in basketball training and physical conditioning involves inherent risks of physical injury, including but not limited to, sprains, fractures, concussions, or more serious cardiovascular incidents. I acknowledge that **SHIFT Basketball** protocols are high-intensity and designed to push physical and mental limits.

2. ASSUMPTION OF RISK

I voluntarily assume all risks associated with my (or my child's) participation in training sessions, clinics, or individual protocols. I certify that the participant is in good physical health and has no medical conditions that would prevent safe participation in high-intensity athletic activity.

3. RELEASE OF LIABILITY

In consideration of being allowed to participate, I hereby release, waive, and discharge **SHIFT Basketball**, Coach Johnson, and any associated facilities or staff from any and all liability, claims, or actions for injury, death, or property damage arising out of or relevant to my participation in any training program.

4. MEDICAL TREATMENT AUTHORIZATION

In the event of an emergency, I hereby authorize Coach Johnson or SHIFT Basketball staff to seek medical treatment for the participant if I am unable to be reached. I understand that I am solely responsible for any medical expenses incurred.

5. MEDIA RELEASE (Optional but Recommended)

I hereby grant **SHIFT Basketball** permission to use photographs and video recordings of training sessions for promotional and educational purposes (website, social media, marketing).

- I Agree
- I Disagree

PARTICIPANT NAME: _____ **AGE:** _____

PARENT/GUARDIAN NAME (if under 18): _____

EMERGENCY CONTACT PHONE: _____

SIGNATURE: _____ **DATE:** _____