



Homestead Jr. Highlander Basketball Chekouras Tournament Roster, Concussion & Release Form

As consideration for the player's participation in the Homestead Jr. Highlanders Basketball Chekouras Invitational on February 8, 2020, the player through at least one of his legal guardians provide the following indemnity, release, and waiver terms:

- The legal guardian and player via his consent/acknowledgment through his legal guardian ("Releasers") hereby release, waive, and discharge Homestead Jr. Highlander Basketball, its officers and members, volunteers, officials, owners and lessees of the premises, their officers and employees ("Releasees") from all liability to the Releasers with respect to any Homestead Jr. Highlander Basketball activity. The Releasers, their legal representatives, heirs and assigns, release, waive and discharge the Releasees for any and all losses or damages, any claims or damages resulting on account of any injury or damage of any type to Releasers' person or property, including the death of the player, whether caused by the negligence of the Releasees or otherwise while the Releasers are attending or participating in any Homestead Jr Highlander Basketball activity.
- Releasers agree to indemnify Homestead Jr Highlander Basketball from any loss, liability, damage or cost it may incur due to the presence of Releasers at any Homestead Jr Highlander Basketball activity whether caused by the negligence of the Releasees or otherwise.
- Releasers hereby assume full responsibility for the risk of bodily injury, death, or property damage due to the negligence of the Releasees or otherwise while in or upon the school premises at any Homestead Jr Highlander Basketball site location.
- Releasers expressly agree that this release, waiver and indemnity is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and that if any portion thereof is held to be invalid, it is agreed that the balance shall, notwithstanding, continue to be in full legal force and effect.
- The legal guardian UNDERSTANDS AND ACKNOWLEDGES that no medical insurance benefits will be provided to the player during any Homestead Jr Highlander Basketball activity. The legal guardian CERTIFIES by signing this release that the player has sufficient health, accident and personal liability insurance to cover any bodily injury, property damage or disablement which may occur and to cover bodily injury or property damage caused to a third party as a result of the player's participation in any Homestead Jr Highlander Basketball activity. If the player has no such insurance, the legal guardian CERTIFIES by signing this release that he/she is capable of personally paying for any and all such expenses or liability.

In addition, each legal guardian and the player via his consent/acknowledgment through his legal guardian acknowledges and represents that the player's youth basketball club or the team's head coach has reviewed the state concussion protocol with them along with providing this form and the player's youth basketball club or the team's head coach has directed the legal guardian and player to read and review the state mandated concussion protocol which can be found at http://sped.dpi.wi.gov/sped_tbi-conc-guidelines. Homestead Jr Highlander Basketball requires each team, legal guardian and player to review the state concussion rules and guidelines prior to participation in any Homestead Jr Highlander Basketball game. In that regard, the legal guardian acknowledges as follows:

- That the parent/legal guardian has **read** the state Parent Concussion and Head Injury Information and **understands** what a concussion is and how it may be caused. The parent/legal guardian also understands the common signs, symptoms, and behaviors and agrees that my child must be removed from a practice or game if a concussion is suspected. The parent/legal guardian understands that it is his/her responsibility to seek medical treatment for the player if a suspected concussion is reported to the parent/legal guardian and further understands that my son cannot return to a practice or game until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my son returning to a practice or game too soon.
- That as the parent/legal guardian, I acknowledge that my son has **read** the state Athlete Concussion and Head Injury Information and **understands** what a concussion is and how it may be caused. My son understands the importance of reporting a suspected concussion to his coaches and to myself. My son also understands that he must be removed from practice or a game if a concussion is suspected. He further understands that he must provide written clearance from an appropriate health care provider to his coach before returning to practice or a game. My son also understands the possible consequence of returning to a practice or game too soon because his brain needs time to heal.

Team Name _____ Grade/Level _____

	Print – Player Name	Current School	Signature of Parent/Guardian
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____

Coach Acknowledgement: I represent that either our youth basketball club or myself has distributed this entire waiver and release and discussed the WI state concussion protocol along with the link to the state concussion guidelines with each player and at least one legal guardian of each player on my team.

Coach Signature _____ Date _____

Email completed form to: Meg Vierling at mvierling@diversatek.com