**Last Name**

# Participation Waiver Agreement

(Coaches, Managers, & Trainers Only)

The *National Club Basketball Association* provides an opportunity to participate in a nationally competitive Basketball league. Unfortunately, the chance of risk is always possible due to the strenuous physical activity involved with any Basketball league. Probable injuries could include, but are not limited to muscle strains, back injuries, sprains, broken bones, strokes, cardiac malfunction, or other types of catastrophic injury. Therefore, all participants must reduce their chances of injury.

The safe conduct of any group activity, such as the *National Club Basketball* *Association*, relies upon the individual actions of each member of the group. The participant has an obligation to refrain from dangerous or disruptive activity that might endanger the participant or any other member of the group. The use of drugs, alcohol, or any other substances that could cause danger or detrimental effects upon the participant’s performance as a member of this organization is strictly prohibited. In addition:

1. I understand that it is recommended that all participants have a physician’s clearance prior to engaging in any activity involving the *National Club Basketball Association.*
2. If any injury would occur during any activity dealing with the *National Club Basketball Association,* I understand that any members associated directly or indirectly with the *NCBBA* are **NOT** liable for any medical care, property damage, death or money compensation that could occur.
3. I understand that any travel conducted in conjunction with the *National Club Basketball Association* is voluntary and discretionary. Thus, the *NCBBA* does **NOT** assume any liability for such voluntary travel.
4. I certify that I have adequate medical/hospital insurance coverage that will cover any and all medical expenses resulting from my participation in any activity of the *National Club Basketball Association*.

INSURANCE COMPANY

POLICY NUMBER

1. Most importantly, I understand that I am playing completely at my **OWN** risk. I agree to play in a safe and prudent manner at all times and under the safety guidelines adopted by the *National Club Basketball Association.*  A copy of these guidelines may be downloaded from the NCBBA website, at [www.NCBBAbasketball.org](http://www.NCBBAbasketball.org). Any violation of these rules will result in an immediate withdrawal from the *National Club Basketball Association*.

**COVID-19 Notice:**

* 1. I am aware that the novel coronavirus (“COVID-19”) is an extremely contagious virus and that it is currently believed that COVID-19 spreads mainly through person-to-person contact.
  2. I am familiar with the Centers for Disease Control and Prevention (“CDC”)guidelines regarding COVID-19, which are located at [https://www.coronavirus.gov/ and https://www.cdc.gov/coronavirus/2019-ncov/index.html](https://www.coronavirus.gov/%20and%20https:/www.cdc.gov/coronavirus/2019-ncov/index.html.).  I acknowledge and understand that the circumstances regarding COVID-19 are changing from day-to-day, and that CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates, and making informed choices to take precautionary measures to protect myself and others.
  3. By signing this agreement, I acknowledge that I am aware of the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 while participating in CollClubSports activities, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 during participation may result from the actions, omissions, or negligence of myself or others.
  4. I agree that, in the event that I suspect I became exposed to or infected by COVID-19 during CollClubSports activities and I elect to seek testing and/or treatment as a result therefrom, I will be responsible for payment of any and all medical services or testing services.

I voluntarily choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my participation in CollClubSports activities. I hereby release and hold harmless the National Federation of Collegiate Club Sports Leagues, LLC (CollClubSports) and their employees, agents, directors, officers and representatives and other participants from and against all liability (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney’s fees and disbursements) for any injury, illness, permanent disability or death related to COVID-19 arising from or in connection with my participation, EVEN IF ARISING FROM THE NEGLIGENCE, ACTS, OR OMISSIONS OF THE RELEASED PARTIES.

## PARTICIPANT’S CERTIFICATION

1. I have read and understand the risks involved with the physical nature of the *National Club Basketball Association*.
2. I have read and understand the importance of securing a physician’s clearance prior to participating the *National Club Basketball Association*.
3. I agree to follow the posted safety guidelines and the verbal instruction given to me on the proper safety procedures expected by the *National Club Basketball Association.*
4. I agree to allow the *National Club Basketball Association* and its sponsors the right to use images of me participating in the *National Club Basketball Association* for advertising and promotional purposes.

Participant’s Signature: Date:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(To be filled in COMPLETELY and TYPED by all NCBBA Coaches, Managers, and Trainers.)

Name of Participating Institution:

### First Name:       Last Name:       MI:   SS# (Just Last 4) XXX-XX-

Permanent Mailing Address:

Email Address: