

**LOWER POTTS GROVE ATHLETIC ASSOCIATION
RELEASE STATEMENT**

NOTE: The Statement must be signed by parent/guardian for minor player; coach for himself or herself; and administrator for himself or herself.

I, the parent/guardian of the registrant, a minor, agree that the registrant & I will abide by the rules of LPAA, its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with basketball and in consideration for the LPAA accepting the registrant for its basketball programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the LPAA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of basketball courts and facilities used for the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs, and /or being transported to or from the same, which transportation I hereby authorize.

PLAYER

NAME: _____ DATE: _____

PARENT/GUARDIAN/COACH/ADULT

SIGNATURE: _____