SAN DIEGO PHILIPPINE BASKETBALL LEAGUE
WAIVER AND RELEASE OF LIABLITIY

In consideration of being allowed to participate in San Diego Philippine Basketball League, I acknowledge and agree that:

1. SDPBL does not maintain health insurance for injuries to the participant that may arise out of involvement in this activity.
2. By virtue of participation, **PARTICIPANTS RISK BODILY INJURY INCLUDING, BUT NOT LIMITED TO, PARALYSIS, DISMEMBERMENT, DEATH, and OTHER LOSS** including damage to property.
3. **I RELEASE AND HOLD HARMLESS AND PROMISE NOT TO SUE SDPBL**, its officers, agents, employee, with respect to any and all such injury including, but not limited to paralysis, dismemberment, death or loss.
4. I agree to follow all safety rules as well as any others given during this activity, games or tournaments.
5. **THIS AGREEMENT IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE AND ASSIGNS**.
6. I hereby give permission to be photographed, videotaped or recorded for publicity purposes and that I waive all claims for compensation.
7. I certify, to the best of my knowledge that my current physical condition is satisfactory for participation in this activity, and that I am free of any health problem that would affect my ability to participate. Please note: Individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy may not participate until medical clearance has been submitted. In addition, the League commissioner/leader must be notified of any health condition prior to participation.

This is to certify that as a participant, I do consent to this waiver and release as set forth above. I realize that participation in this program is voluntary:

Participant's Signature (if participant is 18 years or older only):

NAME: (print name)	Date of Birth:	Participant's Signature:
_____	____/_____/____	_____
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