



**LAKE SHORE ACADEMY FOUNDATION
3 ON 3 BASKETBALL WAIVER FORM**

I, (print name) _____do not have any ailments or conditions that could prevent me from participating in the basketball tournament. I am willingly participating and deem a physician's certificate or examination as unnecessary. I hereby release Lake Shore High School, the Lake Shore Academy Foundation and its members from any and all liability and waive any claim for injury that might have been forestalled, foreseen, determined, anticipated or uncovered by a physical examination, and accordingly do agree to hold harmless and indemnify the parties aforementioned for any related costs, expenses or losses (including legal fees) which may be related to any such condition which could or would have been discovered by a physical examination. I also hereby release Lake Shore High School, the Lake Shore Academy Foundation and its members from any and all liability for personal property damaged, lost or stolen..

Signature of participant _____

Signature of guardian _____

(if under legal age)