



Junior Warriors Basketball Clinic – Scrimmage Permission Slip

PERMISSION TO PARTICIPATE IN BASKETBALL SCRIMMAGES

Child's Name (please print): _____

(Please check here for permission)

☐ I **DO** give my child permission to participate in **all** of the basketball scrimmages offered in the 2024 Jr. Warriors Basketball Clinic program.

☐ I **DO NOT** give my child permission to participate in all of the basketball scrimmages offered in the 2024 Jr. Warriors Basketball Clinic program.

Release of Liability: In consideration of my (and/or my child's/children's) participation in this activity, I hereby agree to indemnify and hold the City of San Leandro ("City") harmless, and release and discharge the City, its employees, representatives, volunteers agents, and its representatives, successors, and assigns, from any and all liability arising from accident, injury, illness, or loss which I (he/she) may suffer arising out of or in any way connected to my (our) participation in the above program, including, but not limited to, any and all liability arising from accident, injury, illness, or loss arising out of or in any way connected to COVID-19 that may arise in connection to participation in this activity. I (we) also will follow the rules and regulations set by the City and above listed parties. Parent or guardian must sign for anyone age 18 and under.

Signature: _____ Date: _____

Parent/Guardian