
Cave Gym Elite Basketball
Liability Waiver and Assumption of Risk

1. Liability Waiver and Assumption of Risk

In consideration of being allowed to participate in Cave Gym Elite events, training, tournaments, and related activities, I acknowledge and agree that:

1. The risk of injury from activities involved in this program is significant, including but not limited to permanent paralysis and death. While safety precautions, rules, equipment, and personal discipline may reduce this risk, serious injuries can still occur.
2. I knowingly and voluntarily assume all such risks, both known and unknown, even if arising from the negligence of Cave Gym Elite, The Cave Gym, B and K Next Level Fitness, Fayette County Public Schools, and any associated parties ("Releasees"). I accept full responsibility for my own or my child's participation.
3. I agree to comply with all rules, guidelines, and instructions for participation. If I observe any unusual hazards, I will immediately remove myself/my child from participation and notify an official.
4. I, on behalf of myself, my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the Releasees from any liability, claims, injuries, disabilities, death, losses, or damages that may occur, whether caused by negligence or otherwise, to the fullest extent permitted by law.

2. Contagious Illness Acknowledgment

I acknowledge that participation in events, training, and tournaments may expose me or my child to contagious illnesses, including but not limited to COVID-19. I understand and voluntarily assume the risk that exposure to such illnesses may result in personal injury, illness, disability, or death.

By signing this agreement, I release and hold harmless Cave Gym Elite, The Cave Gym, B and K Next Level Fitness, Fayette County Public Schools, and any associated entities from any claims, liabilities, or damages related to exposure to contagious illnesses before, during, or after participation in Cave Gym Elite activities.

3. Medical Release and Authorization

I, the parent or legal guardian of the above-named participant, understand that precautions for the safety of my child have been taken. However, I acknowledge that accidents may happen, and I assume full responsibility for any losses or injuries sustained.

In the event of a medical emergency, I authorize Cave Gym Elite, its staff, and designated representatives to seek and authorize medical treatment for my child if necessary. I further agree to cover all medical expenses incurred due to such treatment.

4. Picture, Video, and Media Release

I understand that Cave Gym Elite may photograph, record, or videotape participants during events and activities. I hereby grant Cave Gym Elite full permission to use such media, without further compensation, for promotional purposes, including but not limited to social media, websites, marketing materials, and advertising. I understand that Cave Gym Elite retains full ownership of all such media.

Participant Information

- Participant Name: _____
 - Date of Birth: _____
 - Parent/Guardian Name: _____
 - Contact Number: _____
 - Email Address: _____
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Signature Section

By signing below, I acknowledge that I have read, understood, and agree to the terms of this waiver.

- **Participant Signature:** _____
Date: _____
- **Parent/Guardian Signature (if participant is a minor):** _____
Date: _____