40th ANNUAL BCSFYAO INVITATIONAL BASKETBALL TOURNAMENT
March 28 & 29, 2020

Waiver and Concussion Release Form

Team Name: **Division:**

We, the undersigned, are aware that participation in the BCSFYAO Basketball Tournament (the "Tournament") has some inherent risks and injury can occur. We voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that may be sustained by us as a result of participating in the Tournament. We hereby release the San Francisco Unified School District, the South San Francisco Unified School District, the San Mateo County Unified School District, the Jefferson Union High School District, Pacifica School District, UCSF Mission Bay, Schools of the Sacred Heart San Francisco, JCCCNC, Mercy High School, Archdiocese of San Francisco and any of its officers, agents and employees, the Buddhist Church of San Francisco, the BCSFYAO (including its officers, board, Tournament Committee, team coaches, and officials) from all liability for any injury or loss sustained by the player while playing, practicing, traveling and participating in the Tournament and any related activities.

We understand that medical insurance is our own responsibility. The signing of the waiver/release form shall be considered as a waiver of any claim for any such injury or loss. It is our express intent that this Agreement shall bind the members of my family, my estate, heirs, administrators, assigns, and personal representatives.

Important Information Regarding Concussions:
If a player is suspected of sustaining a concussion or head injury during a tournament game, the player shall in immediately removed from the game. The parent or legal guardian should take the appropriate precautions and ensure the player not be allowed to resume **any** participation in the game until he/she has been evaluated by a licensed health care provider and has received full medical clearance to resume participation in the tournament games.

Once a player is removed from the game because of the potential existence of a concussion or head injury, the parent/guardian should promptly seek medical evaluation by a licensed health care provider, even if the player does not immediately describe or show physical symptoms of a concussion (headache, pressure in the head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or sound, feeling "slow", "foggy", or "not right", difficulty with concentration or memory, confusion drowsiness, irritability or emotionality, anxiety or nervousness, or difficulty falling asleep). If a parent or legal guardian is not immediately available to make health care decisions, the coach/assistant coach, or other team representative reserves the right to have the player taken for emergency or urgent evaluation or medical care.

Signing of this parent/player agreement shall be considered as a waiver of any claim for such injury or loss. All players and parents must sign this waiver form in order to be eligible to participate in this tournament.

Player Name	Player Signature	Parent/Guardian Signature	Date