



MEDICAL RELEASE

Zone In Basketball at THE LAB dated: _____ valid through December 31st 2022

I _____ Coach of _____ (team&grade),

In accordance with **ZONE IN/JUST4SPORTS, THE LAB, AZ COMPASS PREP SCHOOL** and or any other location that may be used for the sole purpose of **ZONE IN BASKETBALL LEAGUES IN THE YEAR 2022** with start date as so dated above on and within this medical release document.

I give my consent for the boys/girls listed on my official roster to participate in **ZONE IN BASKETBALL LEAGUES IN THE YEAR 2022 WINTER LEAGUE** at **THE LAB, AZ COMPASS PREP SCHOOL** and or any other locations that may be used for the sole purpose of the **ZONE IN BASKETBALL LEAGUE**. I also consent to all the gym locations securing medical attention/transportation deemed necessary in an emergency. I will not hold **ZONE IN /JUST4SPORTS, THE LAB, AZ COMPASS PREP SCHOOL** and or any other location that may be used for the sole purpose of **ZONE IN BASKETBALL LEAGUE** for injury or liability and will secure adequate insurance for my team. **ZONE IN/JUST4SPORTS nor THE LAB nor AZ COMPASS PREP SCHOOL nor and or any other locations that may be used for the sole purpose of ZONE IN BASKETBALL LEAGUE** will be responsible for medical costs. I recognize there are risks associated with strenuous physical exertion when engaging in basketball activities.

I certify to the best of my knowledge that every member of my team is physically capable to participate in the demanding activities. I, undersigned, have read this release and understand all its terms. I, also by my signature, have received the **ZONE IN BASKETBALL LEAGUE GAME RULES** and agree to and will abide by the Rules as well as any consequences that are stated within the **ZONE IN BASKETBALL LEAGUES RULE** document.

Head Coaches Signature: _____ Date: _____

Assistant Coach Signature on behalf of the Head Coach: _____