



**2024-2025 Student WAIVER**  
**Please print**

\_\_\_\_\_ (“**Athlete**”) has enrolled as a member of The Bay Area Star Diving Team (herein referred to as the “**BASDT**”). I recognize that the program may involve strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and further fitness activities. I hereby affirm that Athlete is in good physical condition and does not suffer from any known disability or condition which would prevent or limit their participation in this program. If Athlete should experience a disability or condition that would limit their ability to participate, I take full responsibility to communicate that to BASDT in writing so their activities can be tailored to their condition, or discontinued until they are again ready to participate safely. I acknowledge that Athlete’s enrollment and subsequent participation is purely voluntary.

In consideration of Athlete’s participation in this program, I hereby release Bay Area Star Diving Inc. and its agents and volunteers from any claims, demands, and causes of action as a result of Athlete’s voluntary participation and enrollment, including without limitation any and all physical injury that Athlete may incur while participating in any activity, wherever that may occur.

I fully understand that Athlete may injure themselves as a result of their enrollment and subsequent participation in this program and I hereby release BASDT and its agents from any liability now or in the future for conditions that Athlete may experience. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that Athlete may incur, including death.

**Media:** I hereby consent to the release of Athlete’s name and/or photos and/or video images taken by anyone authorized by **BASDT** or any media representative for publicity purposes. This may include television, website, newspaper, social media sites (Instagram, Facebook, Twitter, etc.) and/or BASDT publications (flyers, newsletters, brochures, etc.). I understand that photos and/or videos for the media may be used in publications and/or websites outside of BASDT’s control.

**Valuables and Personal Property:** I acknowledge that I have been informed to avoid bringing personal valuables into any facilities used by BASDT, wherever that may be, and that BASDT shall not be liable for the loss, theft of or damage to my personal property, including items left in the common areas, lockers, bathrooms, showers or anywhere else. I acknowledge that no portion of any fees paid by me is in consideration for the safeguarding of valuables.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during Athlete’s participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against BASDT on the basis of any claim from which I have released them

herein. This Agreement shall be governed by and construed in accordance with the laws of the State of Texas, and venue for all purposes shall be in Harris County, Texas.

By signing this document, I understand every effort will be made to reach me in case of an emergency. If this is impossible I, \_\_\_\_\_, the parent/legal guardian of the above named Athlete authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for above named Athlete by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard above named Athlete's health. I waive my right of informed consent to such treatment. This consent may be given for care whenever conditions are necessary to preserve the life, limb or well-being of above-named Athlete. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to above named Athlete pursuant to this authorization. Should it be necessary for above named Athlete to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

**I acknowledge that I am signing this waiver freely and voluntarily. The term of this waiver is enforceable so long as Athlete continue to participate in events at BASDT.**

**By signing below, I acknowledge that I have (AAU) Youth Athlete Membership for the named participant and will provide the participant's AAU Member Number to BASDT, Inc.**

**I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.**

Athletes Name: \_\_\_\_\_ Athlete's Date of Birth: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Athlete is under the age of 18:**

Athlete's Parent/Guardian Printed: \_\_\_\_\_

Athlete's Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Phone Mobile Number: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

**If Athlete is 18 or older:**

Athlete's Mobile Number: \_\_\_\_\_

Athlete's Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact's Phone Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Alternate Emergency Contact's Phone Number: \_\_\_\_\_