



UNITING THE COMMUNITY FOR
THE BENEFIT OF OUR YOUTH

P.O. Box 534
Vineland, NJ 08362
1-888-480-SJYA

I, _____, give full permission for my child/legal ward, _____, to participate in the The Youth Alliance 2011 Basketball Tournament. I understand that participation in this event is voluntary and that it exposes my child/ward to some risk(s).

As consideration for being allowed to participate in any or all of the above referenced activities, now and in the future and at any location, and to the greatest extent permitted under New Jersey law, I agree on behalf of myself, my minor child or ward listed above, our heirs, successors and assigns to hereby RELEASE, indemnify and hold harmless The Youth Alliance, its employees, directors, volunteers, sponsors, agents and associated groups from any and all claims, demands, actions, or causes or action (present and future) which I/my child/my legal ward may have, now or in the future, in any way arising from or in connection with activities during the The Youth Alliance 2011 Basketball Tournament. This release shall include, but is in no way limited to, any bodily injury, death, damage, or any other personal or financial loss/injury resulting from participation in the above-referenced event, however caused or sustained, even if caused by a negligent act or omission of The Youth Alliance, its employees, directors, volunteers, sponsors, agents or associated groups.

I further understand that participation in the above-referenced event will involve activities at locations that are neither owned nor controlled by The Youth Alliance; therefore, I do hereby release, indemnify and hold harmless The Youth Alliance, its employees, directors, volunteers, sponsors, agents and associated groups, from any and all liability whatsoever for bodily injuries and/or damages resulting from the condition or use of said property.

I further give my permission for my child/ward, _____, to be photographed at this event and understand that the photographs may be used for publicity or any other legal purpose.

I have read and understand this permission slip and release before signing. I fully understand the potential risks of my child/ward's participation in the event described above. I fully understand the consequences of signing this document and intend for this permission slip and release of liability to be valid and legally binding today and for the year stated above. I represent that my child or ward is of sufficient physical ability or condition to participate in the above activities.

Signature or parent/legal guardian

Date

*The Youth Alliance is a nonprofit 501(c) (3) organization.
All donations are tax-deductable.*

For more information on TYA visit us at www.theyouthalliance.com