

Kenston Community Education
17425 Snyder Rd.
Chagrin Falls, OH 44023

Midwest Travel Basketball League

Liability Waiver

Participants Name: _____

Participants Grade: _____ Participants DOB: _____

Legal Guardians Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

By my signature, I attest my child is physically fit and able to participate in the MWTBL. I have full knowledge of all risks involved. In consideration of acceptance of this registration and waiver, I waive all rights and claims we may have against the owners, staff and individuals associated with the MWTBL, Kenston Community Education and Kenston Schools and will hold harmless for any and all injuries incurred.

Parent/Guardian Signature: _____

Parent/Guardian Name (print): _____

Date: _____