

AGREEMENT TO PARTICIPATE 2010-2011

Participant's Name: (please print) _____ Program: _____

ASSUMPTION OF RISKS: Physical activity, by its very nature, carries with it certain dangers and risks that cannot be eliminated regardless of the great care taken to prevent or minimize harm. CBA has facilities for basketball and related activities such as strength training and running. Some of these activities involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, some involve contact with equipment, fixed objects (e.g. goal posts), other participants (including participants that are older or younger and who may be larger or smaller in terms of weight and height) and various surfaces types, and others involve sustained physical activity that places stress on the cardiovascular and nervous systems. The specific risks vary from one activity to another, but in each activity the risks range from (1) minor injuries such as cuts, bruises, muscle strains and sprains, to (2) major injuries such as broken or fractured bones, concussions, or lost teeth, to (3) catastrophic injuries, such as heart attacks or fractured skull or those that cause disfigurement, loss of mental capacity, loss of sight, speech or hearing, paralysis, or death.

I also understand that the Participant may be exposed, or expose others, to contagious and potentially harmful or deadly disease such as influenza, common cold, chicken pox, meningitis, or measles. Participant will also be exposed to risks while traveling (such as in vans when traveling to and from competitions, social events, or the airport), exposure to large crowds (such as at a big competition), and exposure to risks related to receipt of treatment for any physical or mental condition.

Participant and Parent/Guardian have read the previous paragraphs and (1) understand the nature of the activities at CBA, (2) understand the demands of those activities relative to the physical condition and skill level of Participant, and (3) appreciate the types of injuries and illnesses and risks related to treatment for any physical or medical condition which may occur as a result of activities that I participate in at CBA. Participant and Parent/Guardian hereby assert that participation in a sport program at CBA and use of their facilities and services is voluntary and that Participant and Parent/Guardian knowingly assume all related risks.

ACKNOWLEDGEMENT OF RULES AND STANDARDS OF CONDUCT: I understand that CBA has rules and standards of conduct that are set forth in the CBA FUNCTIONING RULES AND REGULATIONS. I agree to abide by these rules and standards for the safety of all participants, staff, guests and employees.



C/ Zuloaga, 22
35017 - Tafira Alta
Las Palmas de Gran Canaria - Canary Islands - Spain
Telf.; +34 928.378.173 - +34.660.180.665– Fax; +34 928.378.173

ACKNOWLEDGMENT OF UNDERSTANDING: Participant and Parent/Guardian have read this agreement to participate and fully understand its terms.

Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at CBA to the greatest extent allowed by law in Spain.

In signing this assumption of risk agreement as Parent/Guardian, I acknowledge that I am consenting to the participant's participation at CBA (as specified in paragraph one) and acknowledge that Participant and Parent/Guardian expressly assume all inherent risks of the activity.

Parent's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Please send the Form by fax to +34.928.37.81.73 or by email to; info@cbacademy.org