

**THE FAST BREAK FUND**  
**Recreational Sports FOR CHILDREN WITH SPECIAL NEEDS**

*Send completed form to:*



**Fast Break Fund**  
One Mustang Dr.  
**Cohoes, NY 12047**  
(Phone: 881-1670, Fax: 371-2688)



**REGISTRATION FORM**

Please check here if you are a returning family. Please list child(ren) participating and sign consent below.

\_\_\_\_\_  
\_\_\_\_\_

Returning families, please update info as needed regarding athlete and/or contact information, thank you.

**New Athlete Information** (please print):

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ School/Program: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Special abilities: \_\_\_\_\_

Specific Accommodation (if any): \_\_\_\_\_

**Parent/Guardian Information:**

Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**PLEASE SIGN REVERSE SIDE FOR CONSENT AND RELEASE FORM**

**WAIVER, RELEASE AND CONSENT**

**THIS IS A RELEASE OF LEGAL RIGHTS – PLEASE READ CAREFULLY BEFORE SIGNING.**

Participant's Name: \_\_\_\_\_ (the "Participant")

1. **Notification of Risks**. I agree and understand that participation in the Fast Break Fund, Inc. sports clinic (the "Clinic") will subject the above-named Participant to various hazards and risks, including but not limited to injury and/or death. I hereby agree to freely and expressly assume and accept any and all risks of injury or death to the Participant while participating in all activities associated with the Clinic. I hereby grant permission to Fast Break Fund, Inc. and its agents to provide medical treatment and/or tests to the Participant in case of any emergency or injury. Further, I acknowledge that the Participant will participate in the Clinic on a voluntary basis and shall comply with all rules and regulations of the Clinic.
  
2. **Consent**. My signature below confirms, in the event that the Participant is under the age of 18 years old or otherwise does not have the capacity to legally enter into this Agreement, that I am the parent and/or legal guardian of the Participant and I do hereby consent and grant permission for the above-named Participant to attend and participate in the Clinic and all activities associated with the Clinic, without restriction or limitation. In the event the Participant's signature is tendered below, such signature acknowledges and confirms that the Participant is over the age of 18 years old and has the capacity to legally enter into this Agreement.
  
3. **Assumption of Risk and Release of Claims**. **TO THE FULLEST EXTENT PERMITTED BY LAW, I HEREBY EXPRESSLY ASSUME ALL RISKS WHICH MAY BE ASSOCIATED WITH AND/OR RESULT FROM THE PARTICIPANT'S INVOLVEMENT IN THE CLINIC AND HEREBY HOLD HARMLESS, RELEASE, INDEMNIFY AND DEFEND FAST BREAK FUND, INC. AND ITS OFFICERS, DIRECTORS, AGENTS, AFFILIATES, SUBSIDIARIES, SERVANTS AND EMPLOYEES (HEREINAFTER "RELEASED PARTIES"), OF AND FROM ANY LIABILITY, CLAIMS, DEMANDS, DAMAGES, ACTIONS AND CAUSES OF ACTION WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY THE PARTICIPANT WHILE PARTICIPATING IN THE CLINIC, INCLUDING, BUT NOT LIMITED TO, THOSE INJURIES AND DAMAGES CAUSED BY THE NEGLIGENCE AND/OR BREACH OF WARRANTY EXPRESS OR IMPLIED, ON THE PART OF THE RELEASED PARTIES. IN ADDITION, BY EXECUTION OF THIS RELEASE, THE RELEASED PARTIES SHALL BE INDEMNIFIED BY ME FOR ANY INJURY TO OTHER PERSON(S) OR PROPERTY WHICH THE PARTICIPANT MAY CAUSE.**
  
4. **Photo Release and Authorization**. I hereby grant permission to Fast Break Fund, Inc. and its officers, employees, agents, representatives, successors, licensees and assigns (the "Authorized Parties") to photograph the image, likeness or depiction of the above-named Participant in connection with his/her participation in the Clinic and any related activities. I hereby grant permission to the Authorized Parties to edit, crop or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit such photographs to be used by the Authorized Persons worldwide for any purposes, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that the Authorized Persons may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for the Authorized Persons' use or publication of photographs of the above-named Participant and I hereby fully and forever discharge and release the Authorized Persons from any claim for damages of any kind arising out of the use or publication of photographs of the above-named Participant.

**I have carefully read the foregoing liability release, understand its contents and freely sign it with full knowledge of its significance. I am at least 18 years of age and I have the capacity to legally enter into this Agreement.**

**Parent/Guardian Signature (or Participant's Signature, if applicable):** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_