**TOURNAMENT: KLBA / Titijaya Cup 17 & Under Basketball Championship 2022**

**PLAYER’S / PARENTS’ - CONSENT & DECLARATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (MyKad - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) (“the Player”) would like to participate in the abovementioned Tournament.

The Player hereby irrevocably agree/ declare to the following:

1. I shall conduct myself in a proper and reasonable manner and in accordance with FIBA Code of Conduct.
2. I consent to have my name, photographs and statistics data to appear in Kuala Lumpur Basketball Association (“KLBA”) newsletters, team photos, notice boards, Facebook, social media and websites.
3. I shall be responsible for any misconduct or discipline issues throughout the Tournament.
4. I shall obey all KLBA Rules & Regulations for the above said Tournament at all times.
5. I shall be solely and fully responsible in the event of injury, death and/or loss of property during the Activity, and shall indemnify KLBA, Sponsors, and Officials against all such claims. I shall take up adequate medical insurance at my own cost & expense.
6. For players 21 years old & below, I shall obtain my parent’s consent agreement to the terms hereto
7. Refrain from using foul language, alcohol, nicotine, vaping or illegal drugs of any kind.
8. Treat all teammates, opponents, officials, and coaches with courtesy, respect, and good sportsmanship.
9. I declare I am not experiencing or exhibiting any COVID-19 related symptoms as outlined by the federal and state Health Authorities, such as fever, dry cough, or shortness of breath. I acknowledge I must follow the safety protocols that have been implemented by KLBA.
10. I am not aware nor do I believe I have been recently exposed to a person with a positive and confirmed/ suspected case of COVID-19.
11. I shall indemnify KLBA against any loss or damage arising from any loss or damages, including loss of repute arising from the breach of the terms hereto.
12. I shall participate in WPKL/KLBA’s player selection trials and to attend regular training if drafted into the Top 30 Name List.
13. I shall represent WPKL/KLBA, if selected, in all National Basketball Championships.
14. I agree for KLBA to register my name as a WPKL/ KLBA player with Malaysia Basketball Association (MABA)
15. To accept all disciplinary actions, fines, penalties and proceedings imposed by KLBA / the State if I fail to comply with the terms hereto.

PLAYER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent/ legal guardian of the Player hereby agree irrevocably that I/we shall abide by the above rules, terms and conditions. My/our child wishes to participate in the above Activity. I/we realise risks are involved in my/our child’s participation, and that risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis or other serious, permanent disability. I/we accept this risk as a condition of my/our child’s participation. I/we hereby undertake to indemnify, keep indemnified KLBA against all claims, loss and damages whatsoever arising from any injuries, accidents, incidents during training, pre-Tournament, the entire Tournament period, and post-Tournament.

Additional Covid Disclaimer

I/we further acknowledge and understand the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist;

2. I knowingly and freely assume all such risks related to illness and infectious diseases, such as COVID-19, even if arising from the negligence or fault of the KLBA; and

3. I hereby knowingly assume the risk of injury, harm and loss associated with the Activity, including any injury, harm and loss caused by the negligence, fault or conduct of any kind on the part of KLBA.

PARENT’S / GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S / GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MyKad NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: