

Alliance Hawks Basketball Team Permission & Release Including Terms & Conditions

I, being the parent/guardian of the player registering to play basketball with Alliance, and indicated on this registration form, hereby certify that all information provided about the afore said player is true and correct..

In order to participate on an Alliance Hawks Basketball Team and participate in related programs, related events, activities, training and practices, the parent/guardian the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and

2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Alliance Hawks, Alliance Sports Training, Alliance Life Skills, Inc., and participating leagues and their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT Time OF REGISTRATION)

5. I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

6. As lawful consideration for my child being permitted to participate on the Alliance Hawks Basketball Team, I agree that neither myself nor anyone associated with my child will make a claim against, sue, attach the property of or prosecute Brandon Kinnie, Alliance Hawks Basketball Team Staff and their coaches, Sponsors, Facilitators and Employees for damage, for death, personal injury or property damage which my child may sustain as a result of my

child's participation in this sporting event.

7. I hereby authorize the coach or manager of my child's team to obtain medical attention as he/she may need including surgery for an emergency. I agree to pay all medical and hospital cost for my child's treatment. IN the event you are unable to reach the physical listed above, treatment may be rendered at a clinic or hospital that has been designated by Alliance Sports Training personnel, or an Alliance Hawk basketball coach.

Refund Policy For Fall Basketball 2025

No Refund Provided

- No refund will be provided after registration of an athlete occurs. However, In the case of a Medical Refund Request: All Medical Refund Requests will be reviewed and determined on a case-by-case basis.

Any refund request approved will be processed and if approved, awarded within 30 days of approval.

Refund Policy For Winter Basketball (Policy as of 9/15/2025)

A request for refund must be completed for each request and submitted to alliancesportstrainingomaha@gmail.com for review.

Please email your request to the above listed email, including your name, your players name, and reason for requesting a refund.

Full, or no refund may be awarded based on the following conditions as outlined below:

Full Refund 100% (Minus applicable fees as listed below):

- If the request for a refund is received within 48 hours of the registration date **and** prior to 11/21/25, then a full refund will be permitted, minus a processing fee of \$25.

No Refund Provided

- No refund will be provided after 48 hours since registration. Additionally, no refund will be provided within 48 hours of registration if registration occurs on or after 11/22/25. In the case of a Medical Refund Request: All Medical Refund Requests will be reviewed and determined on a case-by-case basis.

Any refund request approved will be processed and if approved, awarded within 30 days of approval.