

Inland Empire Icemen Basketball Release Form

Team: *Icemen Practices, Clinics, or Games*

Phone #:

Player Name:

Birthdate:

I, the undersigned, consent to the above player participating in the Icemen Basketball Club. I agree to Indemnify Icemen aka Coach Todd Malecki, it's coaches, Murrieta Valley, Vista Murrieta High School, MVSD, or any other location where we participate, harmless against liability by reason of injury that the above player may incur as a participant in Icemen Basketball.

_____ Date: _____
Parent or Legal Guardian Signature