

**OLD COLONY GIRLS BASKETBALL LEAGUE
INDEMNITY FORM**

PLAYER NAME: _____ TOWN: _____

I hereby acknowledge and understand that participation in athletic activities may result in injuries. I hereby acknowledge that my daughter is participating in Old Colony League Basketball Games with my permission and I agree to hold harmless the Old Colony League, its directors, coaches, members, and anyone associated with the Old Colony League for any injury (including medical expenses) incurred as a result of said participation in league sponsored games and activities.

PARENT/ GUARDIAN

DATE