BIBLE BASKETBALL

Participant Acknowledgment, Assumption of Inherent Risks, Medical Authorization & Rules of Conduct

Renew Church Gym | 10915 Florida Blvd. | Baton Rouge, LA 70815

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____ **Mobile Phone:** _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____

EMERGENCY CONTACT

Emergency Contact Name: _____

Relationship: _____ **Phone:** _____

ACKNOWLEDGMENT OF ACTIVITY AND INHERENT RISKS

I understand that participation in BIBLE Basketball is voluntary. Basketball and related physical activity involve risks that cannot be completely eliminated, including:

- Falls, collisions, and contact with other participants.
- Sprains, strains, fractures, cuts, bruises, or other bodily injuries.
- Head, neck, back, or other serious injuries.
- Cardiac events, heat-related illness, dehydration, or overexertion.
- Contact with basketballs, goals, walls, floors, equipment, or other objects.
- Injuries caused by my own actions or the actions of other participants.
- Other injuries that may naturally occur during athletic or recreational activity.

I understand that serious injury, permanent disability, or death, although uncommon, may occur as a result of strenuous physical activity.

☐ **I knowingly and voluntarily choose to participate in BIBLE Basketball with an understanding of these inherent risks.**

PERSONAL RESPONSIBILITY AND FITNESS TO PARTICIPATE

I understand that I am responsible for determining whether I am physically capable of participating safely in BIBLE Basketball.

I certify that, to the best of my knowledge, I do not have a medical or physical condition that would make my participation unsafe without appropriate medical guidance.

If I have questions about my health, physical condition, medications, limitations, or ability to participate safely, I understand that I should consult a qualified health care professional before participating.

I agree to stop participating if I experience unusual pain, dizziness, shortness of breath, weakness, illness, or another condition that may affect my safety or the safety of others.

I understand that no representative of BIBLE Basketball, Renew Church, or KINGDOM Group International, Inc. is providing medical advice or determining my fitness to participate.

INSURANCE AND PERSONAL EXPENSES

I understand that BIBLE Basketball does not provide accident, health, or medical insurance for participants.

I understand that I am responsible for my own health insurance coverage and for medical expenses I incur as a result of illness or injury associated with my participation, except to the extent responsibility for such expenses is otherwise determined under applicable law.

ROLE OF RENEW CHURCH AND KINGDOM GROUP

I understand that BIBLE Basketball activities take place at Renew Church's Gym, 10915 Florida Blvd., Baton Rouge, LA 70815.

KINGDOM Group International, Inc. supports BIBLE Basketball through ministry support, promotion, communications, and connection with Men's UNITY activities. KINGDOM Group is not responsible for directing or controlling an individual participant's physical activity or conduct during basketball play.

BIBLE Basketball program leaders and volunteers may provide reasonable direction regarding use of the gym, participant conduct, scheduling, and safety expectations.

Each participant is responsible for his own decisions, conduct, physical limitations, and manner of participation.

Nothing in this acknowledgment is intended to waive or limit any right or responsibility that cannot legally be waived or limited under Louisiana law.

Current BIBLE Basketball Program Leaders: William Day and Josh Kern

MEDICAL EMERGENCY AUTHORIZATION

If I become ill or injured while participating and I am unable to make decisions for myself, I authorize reasonable efforts to contact my emergency contact.

If emergency medical treatment appears reasonably necessary, I authorize BIBLE Basketball volunteers or representatives, Renew Church personnel, or other persons responding to the emergency to contact emergency medical services on my behalf.

I understand that qualified medical professionals or emergency personnel, not BIBLE Basketball, Renew Church, or KINGDOM Group International, Inc., will provide medical treatment, unless an individual is separately qualified and acting within the scope of that professional qualification.

I understand that I am responsible for costs associated with emergency transportation, evaluation, or treatment, except to the extent responsibility is otherwise determined under applicable law.

EMERGENCY MEDICAL INFORMATION

Preferred Hospital: _____

Physician: _____ **Phone:** _____

Health Insurance Carrier: _____ **Policy Number:** _____

Allergies, Medical Conditions, Medications, or Other Important Medical Information

_____

_____

_____

Blood products: ☐ **I DO consent** ☐ **I DO NOT consent**
to the administration of blood or blood products when determined medically necessary by a licensed medical professional in an emergency and when consent may lawfully be given on my behalf.

PURPOSE AND RULES OF CONDUCT

BIBLE Basketball exists to bring men together through basketball, fellowship, God's Word, and meaningful relationships. Men of all ages and basketball skill levels are welcome. A participant does not have to play basketball to attend.

Our primary purposes are:

- To present and share the Gospel of Jesus Christ.
- To encourage and disciple one another.
- To build relationships among men across generations, churches, communities, cultures, and backgrounds.
- To provide a welcoming environment for fellowship and recreational basketball.

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By participating in BIBLE Basketball, I agree to:

1. Complete and sign this Participant Acknowledgment before participating.
2. Respect the Christian purpose of BIBLE Basketball and be present and respectful during prayer, Scripture, Gospel presentations, discussions, and announcements.
3. Demonstrate good sportsmanship at all times and treat every participant, volunteer, church representative, guest, and spectator with dignity and respect.
4. Refrain from fighting, threatening behavior, harassment, bullying, intimidation, deliberately dangerous play, profanity, abusive language, or disruptive conduct.
5. Wear appropriate athletic clothing and proper athletic shoes on the gym floor. Shirts must be worn at all times.
6. Follow reasonable instructions concerning use of the gym, basketball equipment, and facility, and use only areas designated for BIBLE Basketball.
7. Protect the facility and equipment, clean up after myself, and assist in keeping permitted areas orderly.
8. Stay home when I have symptoms of a potentially contagious illness that could reasonably place other participants at risk.
9. Immediately report unsafe conditions, injuries, threatening conduct, or significant incidents to a BIBLE Basketball leader or Renew Church representative.
10. Understand that participation is a privilege. A participant who violates these expectations, creates an unsafe environment, or disrupts the purpose of BIBLE Basketball may be asked to stop participating, leave the premises, or not return.

PARTICIPANT ACKNOWLEDGMENT AND SIGNATURE

I acknowledge that I have read this entire document or have had it read and explained to me. I understand the nature of BIBLE Basketball and the inherent risks associated with participating in basketball and related physical activities.

I understand that my participation is voluntary.

I understand that signing this document does not eliminate rights or responsibilities that Louisiana law does not permit a person to waive in advance.

I agree to follow the BIBLE Basketball Rules of Conduct and accept responsibility for my own conduct and participation.

☐ **I have read, understand, and agree to the statements and expectations in this document.**

PARTICIPANTS AGE 18 OR OLDER

Participant Name: _____

Participant Signature: _____

Date: _____ **Mobile Phone:** _____

PARTICIPANTS UNDER AGE 18

Minor Participant Name: _____

Date of Birth: _____ **Minor Signature:** _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Relationship to Minor: _____ **Date:** _____

Email: _____ **Mobile Phone:** _____

By signing for a minor participant, I confirm that I am the participant's parent or legal guardian and have authority to consent to his participation. I acknowledge the inherent risks described in this document and authorize the minor's participation subject to these terms and the requirements of Louisiana law.