



## WBOA 2025 IHSA Basketball Clinic

Classroom – Wednesday, October 22 (6-10pm) Location – Montini High School, Lombard, IL. Level 1 Games – Sunday, October 26th at Montini Catholic High School, Lombard, IL. Complete and remit with \$35 member or \$45 non-member fee payable to WBOA. Deadline October 20, 2025

Name: \_\_\_\_\_ IHSA# \_\_\_\_\_ Rating: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Send payment either via:

- 1) Zelle to [wboa.illinois@gmail.com](mailto:wboa.illinois@gmail.com) (or scan QR code on the right)
- 2) Paper check payable to **Western Basketball Officials Association** – hand to Sal Vasta or Vice Velarde during clinic or at one of the WBOA meetings



**zelle**

**Consent and Liability Waiver - Release of all claims (must be signed to participate)** As lawful consideration for being permitted to participate in the WBOA clinic I agree that I will not make a claim against, sue, attach the property of or prosecute Illinois High School Association, Montini High School, WBOA Board and their agents, sponsors and clinicians for damages including death, personal injury or property damage which I may sustain as a result of my participation in these sporting activities. This release is intended to discharge in advance Illinois High School Association, Montini High School, WBOA Board and their agents, sponsors and clinicians from and against any and all liability, including for negligent actions, arising out of or connected in any way with my participation in the sports league, camp or clinic except for liability that may arise out of the willful or wanton misconduct of Illinois High School Association, Montini High School, WBOA Board and their agents, sponsors and clinicians. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF, KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE TO ASSUME THOSE RISKS AND TO RELEASE AND HOLD HARMLESS ILLINOIS HIGH SCHOOL ASSOCIATION, MONTINI HIGH SCHOOL, WBOA BOARD AND THEIR AGENTS, SPONSORS AND CLINICIANS WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME (OR MY HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older, am physically fit and have no known medical conditions which prohibit participation in this sport. I agree to follow all laws, rules and guidelines regulating the conduct of the basketball clinic. I understand and agree that I am solely responsible for the mechanical and/or operating condition of any and all sporting equipment I use, and I agree to continuously inspect and maintain that equipment, even if I have obtained any of the equipment from Illinois High School Association, Montini High School, WBOA Board and their agents, sponsors and clinicians.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND WBOA BOARD AND THEIR AGENTS, SPONSORS AND CLINICIANS, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_