HOOPZONE Basketball

CAMP / EVENT PERMISSION/WAIVER FORM (Please print legibly)

Participant Name: _____ Date of Birth: _____
Last First M.I.

Permission: The undersigned parent/guardian hereby grants permission for the undersigned athlete to voluntarily participate in this HOOPZONE Basketball event realizing that injuries and accidents sometimes result. I hereby grant HOOPZONE Basketball full permission to use for publicity and advertising purposes, any photographs taken of participants at their events. Any photographs taken will remain the property of HOOPZONE Basketball only.

Medical Authorization: The undersigned athlete and/or parent/guardian acknowledge that the activities of the HOOPZONE Basketball involve basketball training which may result in injury. I further authorize Releasees to obtain emergency medical treatment for Participant, including, if necessary, surgical procedures, if Participant is injured while participating in the Activities and, after reasonable attempt under the circumstances, Releasees are unable to contact me. All Waiving Parties understand that Releasees may not be able to contact a parent or legal guardian under emergency circumstances. The undersigned athlete and parent/guardian acknowledge that they are responsible for payment for any medical care provided under this authority.

Waiver: The undersigned athlete and/or parent/guardian does hereby waiver, release, and discharge HOOPZONE Basketball, Bruce Owens, coaches, volunteers, assigns, and successors, host school, City of Clare from any liability, or causes of action arising out of the activities of HOOPZONE Basketball.

Hold Harmless and Approval of Camp Rules: In consideration of the opportunity of Participant to participate in the Activities, I, on behalf of the Participant, the Participant's parents and family, and all of the Participant's agents, personal representatives, next of kin, heirs, successors and assigns, and/or any other person or entity affiliated therewith (the "Waiving Parties"), do hereby expressly and knowingly assume all risk of injury and do hereby expressly agree to forever discharge, release, defend, indemnify and hold harmless HOOPZONE Basketball, Bruce Owens, its coaches, volunteers, host school, City of Clare of any premises used to conduct the Activities, from and against all loss, liability, obligation, damage, cost, demand, suit, action, judgment or expense whatsoever (including reasonable attorneys fees and court costs), whether known or unknown, accrued or contingent, that the above noted Participant may have or contend to have on account of any injury, including permanent disability, death or damage and loss to property, caused by or alleged to be caused in whole or in part as a result of participation in the Activities, including all claims arising out of negligence or gross negligence of Releasees. As the athlete and the parent/guardian of this athlete we agree with HOOPZONE Basketball Athletic Code and Rules. By signing this form we acknowledge that we have read and understand this information given us.

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Print Name of Athlete | Signature of Athlete (if over 18 years of age) | Date

_____

Print Name of Parent/Guardian | Signature of Parent/Guardian | Date

Health Insurance Provider: _____

List any medicines taken or health conditions: _____

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