

BETTER RESULTS SUMMER BASKETBALL CAMP

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (camper name—please print), I give my consent for him/her to participate in the camp programs conducted and/or sponsored by the Better Results Basketball Camp. I understand that participation in basketball, and related activities involve certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibilities of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I further acknowledge and authorize the employees of the Better Results Basketball Camp, Next Level Performance, or Mentally Fit to act according to their best judgment in any situation requiring medical attention, whether an emergency or not, until such time as I am contacted to make decisions concerning my child's treatment. If in the judgment of a physician or designee it is necessary for health care reasons to proceed with treatment without delay, this treatment may proceed without prior notification of the undersigned, although every attempt will be made to notify me in the event of such an injury or illness. I agree that any medical information provided to this camp shall be released to other health care providers who may be providing care.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents Next Level Performance, Mentally Fit or Better Results Basketball Camp from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I further acknowledge and authorize the Better Results Basketball Camp the right to photograph my child and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

_____ Parent Signature Date

Camper Name (please print) _____

INSURANCE INFORMATION

Policy Holder Full Name _____
Address _____

_____ Name & Phone Number of Emergency Contact _____

****Emergency contact should be available to camp staff within 1 hour of initial phone call****

Insurance Company _____
Insurance Company Phone Number _____
Identification Number _____ Group Number _____

This form MUST be returned to our office before or on the first day of camp to ensure participation. No camper will be allowed to participate without a completed waiver.