

CREATED 2 HOOP, LLC BASKETBALL CAMP/ TRAINING

Participant's Full Name _____

Date of Birth _____ Grade _____

Home Address _____ City/State/Zip _____

Parent Name _____ Parent Cell Phone _____

Emergency Contact & Number _____ Relation _____

CONDUCT, PARTICIPATION AND RISKS

In consideration of my child, the Participant, being permitted to participate in the Created 2 Hoop, LLC basketball camp/training, I, and on behalf of my child, agree and understand that:

- He/she will abide by all the rules, guidelines, regulations and code of conduct of the host and site location;
- He/she may be asked to leave camp/training if they or I do not abide by the rules, regulations and code of conduct of the host or site location;
- The instructors have sole authority to make decisions regarding the participant's continued participation if their conduct or the circumstances warrant removal or dismissal from camp/training. This includes forfeiture of deposits and fees on a prorated basis;
- Participation in this camp/training is voluntary;
- I recognize that participation in the camp/training carries with it risks, including, but not limited to, injuries, illness, property losses and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this camp/training and I freely assume the risks and consent to my child's participation;
- I further declare that my child is fit and capable of participating in the camp/training.

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (participant name), I give my consent for him/her to participate in the camp/training programs conducted and/or sponsored by Created 2 Hoop, LLC. 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/training.

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/training and while traveling to and from the site for the camp/training.

I further acknowledge and authorize the employees of Created 2 Hoop, LLC, to act accordingly 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 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/training program, I, acting as parent or legal guardian, agree to release and hold harmless the respective representatives, members, agents, employees, coaches, or agents of Created 2 Hoop, LLC 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/training, 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/training, all activities associated with the camp/training, and while traveling to and from the site for the camp/training.

PHOTO RELEASE

I further acknowledge and authorize Created 2 Hoop, LLC the right to photograph/video my child and use the photo/video 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

INSURANCE INFORMATION

Insurance Company _____

Insurance Company Address _____

Insurance Company Phone Number _____

Identification Number _____ Group Number _____

Policy Holder Full Name _____

Address _____

Name & Phone Number of Emergency Contact _____

Emergency contact should be available to camp/training staff within 2 hours of initial phone call

***Please include a copy of the insurance card (front and back) with this form!
This form MUST be returned to Created 2 Hoop, LLC before or on the first day of camp to ensure participation.
No participant will be allowed to participate without a completed waiver.***