

2017 Pre-Season Basketball Camp
Please print neatly

Participant Information

First Name: _____ Last Name: _____

Date of Birth: ____/____/____ Male _____ Female _____ Grade in school: _____

Parent/Guardian Information

Parent/Guardian Name Printed: _____

Parent/Guardian Email Address: _____

Parent/Guardian Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

PARTICIPATION AUTHORIZATION AND RELEASE

In exchange for permission to participate in HOOP-TIME ACADEMY Basketball program camp, I hereby enter into the following release and waiver of liability, assumption of risk and indemnity agreement. I, for myself, my heirs, spouse, executors, administrators, personal representatives and assignees, waive, release, discharge, indemnify, hold harmless and agree not to sue HOOP-TIME ACADEMY, its officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives, volunteers, affiliates and franchisees (hereafter the "Released Parties") from, any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including attorneys' fees) resulting from personal injury, accidents, illnesses, death and/or property loss caused in any manner, including the simple, active or passive negligence of the Released Parties, by my participation in HOOP-TIME ACADEMY Basketball camp. I acknowledge that HOOP-TIME ACADEMY Basketball camp is designed to improve my skills and abilities and may stress my body physically. I have had a medical examination and/or physical within the last three months resulting in no medical limitations or physical restrictions. I am physically fit to attend and participate in the HOOP-TIME ACADEMY Basketball camp and I know of no impairments which would limit my participation in all league activities. I knowingly assume all risks relating to my participation in HOOP-TIME ACADEMY Basketball camp. I knowingly execute this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law. I have read this agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. This agreement is intended to be as broad and inclusive as permitted by law. If any portion of this agreement is held invalid, the remaining portions will continue in full force and effect.

I understand that participation in Hoop-Time Academy Basketball camp does not guarantee that my child will make a recreation, middle school, high school or Travel Ball Team. Additionally, I understand that participation in Hoop-Time Academy Basketball does not guarantee my child playing time for any team that they do make.

I am the parent/guardian of the above named minor and I am signing this participation authorization release on behalf of said minor.

Signature _____ **Date:** _____

Phone Number (in case of emergency): (_____) _____ - _____