

WAIVER OF LIABILITY

In consideration of **Hoops Plus, LLC** granting permission to my child, and/or the person for whom I am the guardian and/or the person for whom I am giving permission to enter into activities sponsored by **Hoops Plus, LLC**, to participate in the organized activities of every kind and nature including but not limited to viewing, practicing and playing ballgames of every kind and nature. I hereby **WAIVE** any and all claim or loss for damage or loss or injury to my child, and/or person for whom I am the Guardian and/or the person for whom I am giving permission to enter into activities sponsored by the **Hoops Plus, LLC** permission to enter into activities sponsored by the **Hoops Plus, LLC**, which may be caused by any act, or failure to act, or any officer, agent or employee of the **Hoops Plus, LLC** and/or participants in the activities of the **Hoops Plus, LLC**.

I assume the risk of all conditions regardless of how dangerous they may be in and all activities of the **Hoops Plus, LLC** and waive any and all notices as when my child, and/or person for whom I am the Guardian and/or the person for whom I am giving permission to enter into activities sponsored by **Hoops Plus, LLC**, may participate in any of the activities of the **Hoops Plus, LLC**, regardless of where said activities are taking place.

This **WAIVER** is to be in effect until revoked in writing by the undersigned. I am aware of the fact that **Hoops Plus, LLC** will not provide insurance for any injury of any kind or nature and desire that my child, and/or person for whom I am the Guardian and/or the person whom I am giving permission to enter into activities sponsored by the **Hoops Plus, LLC**, participate in activities of the **Hoops Plus, LLC** even though there is no insurance coverage for injuries.

Additionally, I hereby release **Jamy Bechler, Learie Sandy, Martin Methodist College, and camp staff members** from any and all liability for any kind of personal injury or property damage due to participation in this camp. I certify that my child/ward is in good health and is able to participate in all activities.

If any attention is required for illness or injury, I authorize a camp or facility staff member to obtain immediate medical care and give consent to the hospitalization of, or performance of necessary testing, surgery or administration of drugs to the child/ward above, in the event that a parent/guardian cannot be contacted.

I also give consent for my child to be photographed and/or videotaped and for those images to be used for promotional materials.

Camper's Printed Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Witness Signature: _____ **Date:** _____

Emergency Contact Name & Cell Phone: _____

Insurance Carrier: _____

Policy #: _____

Are there any medical concerns, allergies or issues that the camp staff should be aware of? Any previous injuries?:

****Each camper MUST have insurance to participate in the camp****