



"Learning the game of life through the game of basketball"

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, Tabitha Bechler and event staff members** from any and all liability for any kind of personal injury or property damage due to participation in this event. 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 an event 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 in **Hoops Plus, LLC** promotional materials.

Event Name (and location): _____

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 event staff should be aware of? Any previous injuries?:

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