

Liability Waiver and Consent for Medical Treatment

Player Name: _____ Birthdate: _____

Address: _____

Address: _____
(City) (State) (Zip)

Home Phone: _____ Cell Phone: _____

Parent Name(s): _____
(Father) (Mother)

Cell/Emergency Phone: _____
(Father) (Mother)

Health Insurance Provider: _____ Phone #: _____

Insurance ID #: _____ Group #: _____

Health Conditions/Medications/Allergies: _____

Liability Waiver: Basketball presents certain inherent risks and hazards, which the Player-participant and parent/guardian are urged to consider and which the Player assumes. To the best of my knowledge, there are no physical or other health-related conditions, which will interfere with my child's participation unless noted above. I, the undersigned parent/guardian for the above-named Player, understand and acknowledge that such recreational activities have inherent risks, dangers and hazards, foreseeable and unforeseeable, that may result in injury, illness, or property damage, and on behalf of myself, my family, agents and contractors, I hereby release and agree to hold harmless Jadin Booth and employees and agents, from all claims, actions, or losses related thereto. Jadin Booth assumes no liability for injury or damage arising from the results of participation of the above Player unless due to willful fault or gross negligence on the part of Jadin Booth or his employees or agents.

Indemnification: I agree to indemnify and hold, Jadin Booth, harmless against all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees and under litigation costs, which may in any way arise from Player's or my families use or presence upon the facilities of Jadin Booth .

Rules: Players agrees to observe and obey all posted rules and warnings and Player agrees to follow any and all instructions or directions given by Jadin Booth or any employees or agents of Jadin Booth.

Medical Treatment Release: Due to the strenuous nature of basketball, the Player participant is urged to consult her physician concerning her fitness to participate. I, the undersigned parent/guardian for the above-named Player hereby approve of my child's participation in the basketball camp and consent to emergency medical treatment for my child on my behalf. I also authorize Jadin Booth and his employees and agents to obtain any necessary medical treatment for my child on my behalf, in case of an emergency, where I am not present and with the understanding that I will be notified as soon as possible. My health insurance has been provided above.

Parent Signature: _____ Date: _____