



WAIVER OF LIABILITY/MEDICAL Authorization and Release Form

(Please print information below)

Participant Information

FIRST NAME _____ LAST NAME _____

ADDRESS (STREET, TOWN, ST, ZIP) _____

DATE OF BIRTH _____ PHONE _____

Parent/Guardian Information

FIRST NAME _____ LAST NAME _____

RELATIONSHIP TO PARTICIPANT _____

ADDRESS (STREET, TOWN, ST, ZIP) _____

PHONE(CELL, OFFICE, WORK) _____

Emergency Contact Information (in even Parent/Guardian cannot be reached)

FIRST NAME _____ LAST NAME _____

RELATIONSHIP TO PARTICIPANT _____

ADDRESS (STREET, TOWN, ST, ZIP) _____

PHONE(CELL, OFFICE, WORK) _____

Medical Information

FAMILY DENTIST/ORTHODONTIST _____ PHONE _____

FAMILY PHYSICIAN _____ PHONE _____

MEDICAL INSURANCE COMPANY _____ POLICY # _____

For and in consideration of Participant's participation in the Shooting Touch Basketball Camp/Clinic and or Leagues, Participant and Participant's Parent/Guardian hereby agree to the following terms and conditions:

- (a) Waiver of Liability: Participant and Participant's Parent/Guardian, individually, and on behalf of their heirs, executors, administrators and assigns, do hereby release, waive, and relinquish, and forever hold harmless, the Clinic/Camp, its agents, employees, and Justin Kittredge, from any and all liability d causes of action for any personal injury, bodily injury, illness, death, loss, or other damages to Participant whatsoever, which arise out of or in any way relate to Participant's participation in the Clinic/Camp.
- (b) Medical Treatment: Participant and Participant's Parent/Guardian authorize the Clinic/Camp, or its agents, employees, or representatives to obtain emergency medical treatment on behalf of Participant in the event that, in the opinion of the Clinic/Camp, Participant is in need of such treatment. Participant and Participants Parent/Guardian further agree that they will be responsible for the payment of such medical treatment and further release the Clinic/Camp or its agents, employees, or representative for any damages sustained by Participants in connection with the provision of emergency medical treatment. Participant and Participant's Parent/Guardian will idemnify and hold harmless the Clinic/Camp for any claims or payment by providers of any such medical care.

I have read, understand, and voluntarily agree to be bound by each of the terms stated above.

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF PARTICIPANT _____