

LIABILITY WAIVER FORM



**RED HORNETS
BASKETBALL**

As the parent or legal guardian of _____, _____, _____ (print name of all children), I give permission for my child(ren) to participate at Red Hornets Basketball Inc. Camp/Program(s).

INITIAL HERE _____

PUBLICITY:

I authorize Red Hornets Basketball Inc. to take pictures/videos of my child during Basketball Camp/Program activities for promotional uses and daily basketball training purposes.

INITIAL HERE _____

MEDICAL RELEASE:

I authorize the Basketball Camp/Program Leadership of Red Hornets Basketball Inc. to seek and authorize medical attention in the event my child needs medical care for emergency reasons. I understand a call will be made to the parents/guardians, however, if contact cannot be made on first call, the Basketball Camp/Program leaders will authorize assistance.

Allergies: _____ INITIAL HERE _____

RELEASE OF LIABILITY:

I understand there are risks associated with all activities including Basketball Camp/Program activities. I agree to, fully and forever release, discharge and indemnify Red Hornets Basketball Inc., its directors, officers, agents, staff, coaches and volunteers liable for any claims of and from any and all causes of action, lawsuits, losses, damages, injuries, howsoever occurring, of damages or injury to my child or my child's property and/or other harm which might result not only from the Participant's actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the conditions of the premises or of any equipment used, and that there may be other risks not known or reasonably foreseeable at this time; and accept sole responsibility for all of the hazards and risks to Participant and Participant's property associated with or related to Participant's participation in the Camp/Program and for any damage or injury that Participant may cause to others that may occur through the normal course of Red Hornets Basketball Inc. Camp/Program activities. I understand the Red Hornets Basketball Inc. leadership will make every reasonable attempt to provide a safe and caring environment for my child(ren).

INITIAL HERE _____

I have read all the information on this Waiver Form. By signing below, I grant consent to all permissions and agree to all waivers on this form.

Name of Parent / Guardian (please print): _____

Signature of Parent / Guardian: _____ Date: _____

Relationship to child: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Primary Phone#: _____ Cell Phone #: _____

EMERGENCY CONTACT INFORMATION: If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name: _____ Relationship to child: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____