

This Form MUST BE FILLED OUT PRIOR TO CAMP

No Child will be permitted to participate without this form filled out and signed by a Parent or Guardian

**Bounce Out the Stigma[®] 2022 Basketball Camp, Clinics & Events
Parent/Guardian Consent & Release**

Campers Full Name: _____

PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING, and be aware that in signing up and participating in this program, and using the facilities and equipment, you will be waiving and releasing all claims for injuries or loss or property damage that you (or your child) might sustain arising in any manner out of this program or the use of the facilities or equipment. This section must be filled out and signed by each participant (or their parent/guardian) or they will not be allowed to participate in this program or use the facilities or equipment.

PHOTOGRAPHIC RELEASE – In consideration of the furtherance of the purpose of Bounce Out the Stigma I hereby grant permission to the same, their officers, agents, and employees to take photographs or video of me (or my child) and to use and distribute for publication any and all such photographs, video, news releases, and stories for any purpose they may deem proper. In granting such permission, I hereby relinquish any right, title, and interest I may have in such photographs, video, news releases, and stories and grant Bounce Out the Stigma the right to use these products.

ACKNOWLEDGEMENT OF RISK OR INJURY CLAUSE – As a participant in the program, I recognize the risk and acknowledge that there are certain risks of physical injuries, including death, damages, property damage, or loss which I (or my child) may sustain as a result of participating in any and all activities connected with such program or the use of the facilities or equipment.

WAIVER OF CLAIM FOR INJURY CLAUSE – I agree to waive and relinquish all claims that I (or my child) may have for injuries or damages, as a result of participating in the program or using the facilities equipment, against, Bounce Out the Stigma Project and the officers, directors, volunteers, agents, servants, employees, and affiliates.

RELEASE FROM LIABILITY CLAUSE – I do hereby fully release and discharge Bounce Out the Stigma Project, and the officers, directors, volunteers, agents, servants, employees, and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or which may in the future accrue to me (or my child) on account of participation in the program or use of the facilities or equipment.

INDEMNITY AND DEFENSE- The Bounce Out the Stigma Project, and the officers, directors, volunteers, agents, servants, employees, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me (or my child) and arising out of, connected with, or in any way associated with the activities of the program or the use of the facilities or equipment. The undersigned, in case of emergency and in the event the undersigned cannot be reached by telephone, does hereby give permission for medical treatment by a physician or hospital selected by camp staff. Such permission shall include all medical treatment, which is necessary or desirable in the absolute discretion of any such physician or hospital. The undersigned recognizes the right of camp staff, in his/her absolute discretion, to terminate a camper's attendance at any time due to disciplinary or medical actions, which might jeopardize the camper's or other's health, safety, or well being at camp. The undersigned further agrees to pick up the camper immediately upon being notified of such termination. If someone other than the undersigned is to pick up the camper at the end of the camp session, such person must present

Initial _____ Date: _____

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I have read in full this Release and as parent and legal guardian, I provide Authorization of Consent and Release

Please Print YOUR Name

Signature of Parent/Legal Guardian

Date

End of the Camp / Clinic Day

Your Child will not be released to any person other than YOU unless you show an alternate person below:

I Authorize _____, To Pick Up

Name of Camper: _____

Person's Relationship to You and or Camper: _____

They MUST Sign HERE: _____

THEIR:

Address: _____ City _____

State: _____ Zip: _____

BEST Phone Number THEY Can Be Reached At: _____

Please advise that person that we may ask for appropriate ID.

OR:

I am the Only person who will pick up camper and you are instructed not to release him/her to anyone other than me.

Check This Box Please Initial _____