



## Camp and Clinics Assumption Of Risk and Waiver Form Parent Authorization and Release of Liability

I, the Parent or Legal Guardian of (Name of Registered Child:

\_\_\_\_\_ **(PARTICIPANT)**

Authorize their participation in the Bounce Out the Stigma Basketball Camp, Clinic, or Event (CAMP), which I have registered for. I understand, consent, and agree to the following.

By the nature of the Basketball CAMP, PARTICIPANTS have an inherent risk associated with their medical/neurological issues. However, serious injuries are uncommon in the CAMP's supervised basketball activities. Additionally, it is impossible to eliminate all risks, including physical and emotional concerns associated with the physical activity and interaction with other participants. It is required that all PARTICIPANTS obey the instructions of the CAMP's STAFF, medical STAFF, volunteers, support personnel, and authorized supervisory personnel (collectively known as STAFF), follow all safety rules, immediately report all relevant physical and psychological problems to the CAMP's STAFF, and follow the proper instructional program. At all times, each PARTICIPANT controls their personal "comfort" level of risk/participation. PARTICIPANT should advise CAMP STAFF or their Parent of any concerns they experience. The Parent should advise CAMP STAFF of any such issues.

**RELEASE OF LIABILITY:** By signing this form, PARTICIPANT's Parent/ Guardian acknowledges that they have read and understood the above information and are signing this form to assure the Bounce Out the Stigma Basketball Camp that PARTICIPANT/parent/legal guardian assumes all risks during the program

**LIABILITY WAIVER:** I know that participation in the CAMP has inherent risks, and an injury can occur. On rare occasions, these injuries can be serious. In consideration of my child being allowed to participate in the CAMP, I, the parent/guardian, assume the risk of all injury and agree not to sue or hold responsible Bounce Out the Stigma, Its CAMP directors, Corporate Sponsors or Authorized Volunteers for any injury caused by or resulting from participating in the CAMP.

By signing this waiver, I also authorize the use of pictures, images, or videos of PARTICIPANT to be posted on the CAMP website, advertising media, or social media sites. I understand this permission is granted without current or future compensation.

**CONSENT TO MEDICAL TREATMENT:** In the event my child is injured or becomes ill in CAMP activities, and if I, the Parent or Guardian of the PARTICIPANT, am not present to make medical decisions, I authorize CAMP STAFF to arrange for and consent on my behalf to emergency medical and dental care and treatment, including tests and radiological exams as requested by trained medical STAFF. I agree I am responsible for payment of any and all medical charges or expenses not covered by my insurance or the insurance applicable to my child (if any). I will not hold the CAMP liable for such charges.

My Signature below as parent/guardian, with legal responsibility for this PARTICIPANT, has read and explained the provisions in this waiver/release to my child/ward, including the risks of presence and participation and their personal responsibilities for adhering to the rules and regulations of the CAMP.

### PARENT / GUARDIAN AUTHORIZATION:

\_\_\_\_\_  
Name (Print Full Name)

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Secondary Emergency #

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Your Signature