

BASKETBALL CAMP LIABILITY WAIVER AND RELEASE FORM

This Basketball Camp Liability Waiver and Release Form ("Agreement") is entered into by and between _____ ("Participant"), and/or the parent or guardian of the Participant if the Participant is under the age of 18 ("Parent/Guardian"), and **My Basketball Academy** ("Company"), located in Indiana, PA.

ASSUMPTION OF RISK: The Participant acknowledges that basketball is a physical sport and participation in the basketball camp may involve physical risk, including the potential for personal injury or damage to personal property. The Participant, or their Parent/Guardian, voluntarily assumes all risks associated with participating in the Basketball Camp.

RELEASE AND WAIVER: The Participant, and their Parent/Guardian if the Participant is under 18, hereby release, discharge, and hold harmless **My Basketball Academy**, its owners, directors, officers, employees, agents, volunteers, participants, and all other individuals or entities acting on its behalf, from any and all claims, actions, damages, liabilities, costs or expenses, including attorney fees, brought by the Participant, or on their behalf, which are connected to, arise out of, relate to or are in any way associated with the basketball camp.

NO ON-SITE MEDICAL SERVICES: The Participant acknowledges that there are no medical services or trainers provided at the Basketball Camp. In case of a medical emergency, the Company's policy is to call an ambulance and notify the Participant's Parent/Guardian as soon as possible.

CONSENT TO MEDICAL TREATMENT: In the event of an injury or medical condition, the Participant, or the Parent/Guardian, grants permission for any medical treatment that may be required, including transportation by ambulance, given under the direction of emergency personnel.

BINDING EFFECT: This Agreement shall be binding upon the Participant, Parent/Guardian, their personal representatives, heirs, executors, successors, assigns, and next of kin.

PARTICIPANT/PARENT/GUARDIAN SIGNATURE

By signing below, I acknowledge that I have read this Agreement, understand its terms, and sign it voluntarily.

Participant Name (Print): _____

Participant Signature: _____

Date: _____

If Participant is under the age of 18:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____