

 **NOTHING BUT NET-ELITE BASKETBALL COACHING** 
Minor Release Form and Consent to Treatment
(PLEASE PRINT)

CHILD'S NAME _____ AGE _____ DOB _____
(FIRST) (LAST)
NAME OF PARENT OR GUARDIAN _____
(FIRST) (LAST)
ADDRESS _____
HOME PHONE (____) _____ BUSINESS PHONE (____) _____
ACTIVITY _____ EMAIL _____
SCHOOL _____ GRADE _____
EMERGENCY CONTACT _____ CONTACT NUMBER _____

Release of Liability/Indemnification: By signing this Permission/Waiver Form, I, my spouse and any other person legally responsible for such child expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release Nothing But Net-Elite Basketball Coaching, and its coaches, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation. I further release any gym or other facility used or occupied by Nothing But Net for any claim that I may have against them as a result of any injury or illness during the course of participation. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the Nothing But Net-Elite Basketball Coaching and its coaches, leaders, employees, volunteers, or agents from any and all claims arising from his/her participation in its activities and programs, or as a result of injury or illness of my child during such activities.

Assumption of Risk: I acknowledge that my child's participation in the Nothing But Net-Elite Basketball Academy is voluntary and carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, broken bones; heart attacks and concussions to 3) catastrophic injuries including paralysis and death. ***I HAVE READ THIS PARAGRAPH*** and I knowingly assume all risks for my child.

First Aid and Emergency Medical Treatment: I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Publicity On occasion, this organization takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants, or used in publications or advertising materials to let others know about our activities. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, audio recordings and/or interviews by news media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.

I represent that I am the parent/guardian of _____. I give permission for the child named above to participate in the activities of this organization, including any special events/activities described above. In consideration for allowing the participation of the child in these activities, I hereby consent to the Permission/Waiver Form, including the Release of liability above, on behalf of the child and agree that this Form shall be binding upon me, my family, legal representatives, successors and assigns.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian