



# BASKETBALL SUMMER CAMP WAIVER FORM 2011-2012

## AGREEMENT REGARDING PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the **2011-12 Basketball Summer Camp** at Eastside Catholic School ("EC") and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in EC's **2011-12 Basketball Summer Camp**. This agreement also provides for consent regarding photographs, publication and media coverage of the **2011-12 Basketball Summer Camp**.

**RISKS:** I agree and understand that there are significant risks (some known and others unknown or unforeseeable) or death associated with participation in a school Basketball Summer Camp program. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the Basketball Summer Camp. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, field/court conditions; actions of players on opposing teams; weather; improper techniques in executing the skills needed to participate in basketball camp; actions of teammates, referees or spectators; hazards inherent in a sport involving extensive and sometimes violent physical contact; improper or malfunctioning equipment; improper or inadequate training or coaching; and negligence of **EC** employees, volunteers or others of the Releasees identified below.

**INSURANCE:** All students choosing to participate in EC's **2011-12 Basketball Summer Camp** are required to be covered by personal medical/accident insurance. **As a condition of participation, EC requires all students choosing to participate in the 2011-12 Basketball Summer Camp to have medical/accident insurance coverage providing, at a minimum, benefits covering medical services, hospitalization and related services, medications, equipment, etc.**

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Student name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

Grade (fall 2011): \_\_\_\_\_ Home address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Mother's day phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Father's day phone: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Group or policy #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Name of student's physician: \_\_\_\_\_ Phone number of physician: \_\_\_\_\_

Address of physician: \_\_\_\_\_

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