



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.**

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: _____



I confirm my understanding and consent that by participating in EC's **2011-12 Basketball Summer Camp**, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for EC to publish, on its website or in school publications, photographs and other information which may identify my child/ward related to my child's participation in EC's **2011-12 Basketball Summer Camp**.

EMERGENCY MEDICAL TREATMENT: I give my permission to **EC** staff to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in EC's **2011-12 Basketball Summer Camp**. I confirm that my child/ward is healthy and able to participate in EC's **2011-12 Basketball Summer Camp** and have had the opportunity to consult with a physician on this subject if I chose to do so.

PERMISSION AND RELEASE - READ CAREFULLY BEFORE SIGNING:

Realizing that there are risks inherent in any EC **summer camp**, and in consideration of my or our child/ward's being allowed to participate in EC's **2011-12 Basketball Summer Camp**, I/we agree to assume all risks (whether known or unknown) of participation in EC's **2011-12 Basketball Summer Camp**, to release and hold harmless EASTSIDE CATHOLIC SCHOOL, together with its faculty, staff, employees, coaches, volunteers, trustees and other agents (collectively, the Releasees), from any and all claims, liabilities and damages relating to any injury, sickness, death or destruction of any property which may arise out of, result from or be in any way connected with the participation of my child/ward in EC's **2011-12 Basketball Summer Camp**, other than claims, liabilities or damages based on the gross negligence of EC or its employees. In addition, I/we agree to indemnify and hold the Releasees harmless from any and all claims for injuries or property damage brought on behalf of myself or our child/ward or alleged to have been caused by me or by our child/ward while our child/ward is participating in EC's **2011-12 Basketball Summer Camp**.

I/WE HAVE READ THIS PARTICIPATION, ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND INDEMNIFICATION AGREEMENT; FULLY UNDERSTAND ITS TERMS; UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT; AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (OTHER THAN THE OPPORTUNITY TO PARTICIPATE IN EC'S 2011-12 BASKETBALL SUMMER CAMP), ASSURANCE OR GUARANTEE BEING MADE TO ME/US. I/WE INTEND MY/OUR SIGNATURE(S) TO EFFECT A COMPLETE AND UNCONDITIONAL RELEASE AND WAIVER OF ALL LIABILITY, INCLUDING ANY NEGLIGENCE OF THE RELEASEES IDENTIFIED IN THIS AGREEMENT, AND TO INDEMNIFY THE RELEASEES, TO THE GREATEST EXTENT ALLOWED BY LAW.

Date _____

Date _____

Date _____