

CAMP CONSENT/WAIVERS/MEDICAL FORM

Participant's Full Name:	Date of Birth
Home Address:	State, Zip
Phone Number(s):	Grade
Camp Name:	Camp Date
EMERGENCY CONTACT & CONTACT NUMBERS:	RELATION

EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the camp to obtain, through a physician or other medical professional of its choice, any emergency care that may become reasonably necessary for the participant in the course of camp activities. I guarantee payment of all medical charges for medical treatment or by the insurance company providing coverage for the participant.

Parent/Legal Custodian Signature:	Date:
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MEDICAL INSURANCE

Marlene Stollings Basketball Camps, LLC carries Accidental Medical Insurance. This acts as a supplement to the parent/legal custodian's health insurance policy. It is the responsibility of the parent/legal custodian of each camp participant to provide proof of health insurance below. If insurance is not carried, the parent/legal custodian must sign acknowledging that they are responsible for any and all medical expenses that may occur while the participant is at camp.

Insurance Co Name:	Policy/ID Number:
Insurance Co Phone:	Group Number:

_____ (Initial Here) I understand that the participant is not covered by the camp for medical expenses that may occur during camp activities and that since I do not have health insurance coverage on the participant, I assume all responsibility for such expenses that may occur.

MARLENE STOLLINGS BASKETBALL CAMPS, LLC

CAMP CONSENT/WAIVERS/MEDICAL FORM

CONDUCT, PARTICIPATION AND RISKS

In consideration of my Child, the Participant, being permitted to participate in the Marlene Stollings Basketball Camps, I, and on behalf of my Child, agree and understand that:

- He/she will abide by all the rules, guidelines, regulations and code of conduct of the host and site location;
- He/she may be asked to leave Camp if they or I do not abide by the rules, regulations and code of conduct of the host or site location;
- The instructors have sole authority to make decisions regarding the participant's continued participation if their conduct or the circumstances warrant removal or dismissal from camp. This includes forfeiture of deposits and fees on a prorated basis;
- Participation in this Camp is voluntary;
- I recognize that participation in the Camp carries with it risks, including, but not limited to, injuries, illness, property losses, criminal acts and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this Camp and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in the Camp.

PHOTO RELEASE

I give the Camp, its agents and employees, without expectation of value permission to:

1. Record my child's likeness and appearance on video tape, audio tape, film, photograph or other medium;
2. Exhibit, copy or distribute such photographs or videos in whole or part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which Marlene Stollings Basketball Camps deem appropriate.

WAIVER AND RELEASE OF LIABILITY

Further, in consideration for my Child being permitted to participate in the Camp, I, as the natural parent and/or legal custodian, do hereby for myself, my family, heirs, personal representatives and assigns, agree not to sue, and I release, waive, discharge and hold harmless and indemnify, and forever defend the Camp or host site, individually or collectively, its officers, employees, agents and directors, from any and all liability, losses, claims, actions, suits, demands, rights and causes of action of whatever nature, in law and equity, for any and all known and unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and consequences thereof, including expenses, costs and attorney's fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the Marlene Stollings Basketball Camps.

I warrant I am the parent or authorized legal custodian of the participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Parent/Guardian Signature:

Date: