

# RELEASE AGREEMENT

# ENROLLMENT FORM

## ASSUMPTION OF RISKS

Participation in Pinnacle Basketball Camp, hereinafter called "The Activity", 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, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. These may result not only from Participant's actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the facilities, equipment, or vehicles. Further, there may be other risks, unknown to anyone, not reasonably foreseeable at this time. I understand and I have considered and evaluated the nature, scope, and extent of the risks involved, and I voluntarily and freely choose to assume these risks.

## RELEASE FROM LIABILITY

I fully and forever release, and discharge Pinnacle Basketball, it's subsidiaries, directors, officers, employees, agents, insurers, sponsors, advertisers, owners or operators of the Event facilities, equipment and all others involved in the Event (the "Released Parties") from any and all accidents, injuries (including death), losses, damages, expenses, and any other liability of any kind, of or to me, my property, or any other person directly or indirectly arising out of or in connection with participation in or attendance at the Event, including transportation related to the event, even if it's due to the negligence or other fault of the Released Parties.

## COVENANT NOT TO SUE

I will not initiate any lawsuit, court action or other legal proceeding against the Released Parties, nor join or assist in the prosecution of any claim for money damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me or others in connection with my participation in or attendance at the Event, and I waive any right I may have to due so. This means that I cannot sue to hold the Released Parties responsible for any injuries, losses, or damages that I may experience related to the Event, even if it is due to the negligence or other fault of the Released Parties. I waive my insurers' right to make a claim against the Released Parties based on payments by insurers to me or on my behalf for any reason. This means my insurers have no right of subrogation.

## INDEMNIFICATION AND HOLD HARMLESS

I will hold harmless, indemnify, and reimburse the Released Parties from and for any sums, costs, or expenses (including attorney fees) incurred by any of the Released Parties or paid by them to an person (including me or my insurers) in connection with any accident, injury (including death), loss or damage sustained by me or others in connection with my attendance at or participation in the Event, including transportation related to the Event. This means that I will reimburse the Released Parties if anyone makes a claim against them based on injuries, losses, or damages I may suffer.

## MEDICAL TREATMENT; NO INSURANCE

I authorize and permit Pinnacle Basketball, its agents, and event personnel to administer first aid to the Participant, emergency transportation, and any other medical treatment performed by physicians, paramedics, and other medical personnel, in the event of any illness, accident or injury to the Participant. I understand that Pinnacle Basketball and others involved in the Event do not provide any insurance, either life, medical or liability, for any illness, accident, injury, loss or damage that may arise in connection with participation in or attendance at the Event. If I want insurance of any kind, I must obtain my own. I will pay my own medical emergency expenses and all subsequent medical expenses in the event of any illness, accident, or injury in connection with the Event.

## ACKNOWLEDGEMENT

As used in this Release and Waiver, the words "I", "Me", and "My" refer broadly to the Participant. If any portion of this Release and Waiver is held to be invalid or unenforceable, all other provisions shall nevertheless continue to be valid and enforceable. This Release and Waiver supersedes any oral or written statements made by or to me in connection with the Event. I understand that I cannot terminate, cancel, or revoke this Release and Waiver for any reason.

**I HAVE READ THIS RELEASE AND WAIVER CAREFULLY, FULLY UNDERSTAND ITS CONTENT, AND VOLUNTARILY AGREE TO ITS TERMS.**

*Please Print Clearly Incomplete or Illegible Forms will be Returned Unprocessed*

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Entering Grade \_\_\_\_ T-Shirt (Adult Men's) \_\_\_\_\_

Does participant have any physical limitations or disabilities? \_\_\_\_\_

If yes, describe \_\_\_\_\_

Allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Foods \_\_\_\_\_ Medications \_\_\_\_\_

Medications (including inhalers) \_\_\_\_\_

Is your child up-to-date on all state required immunizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, explain \_\_\_\_\_

Any other information about your child's health not asked on the is form? \_\_\_\_\_

## Parent/Guardian, Emergency Contact & Doctor Sections Must Be Completed

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## Parent/Guardian Release

I am the parent or legal guardian of the minor \_\_\_\_\_ I have read, understood, and agree to the terms and conditions of this application and I am signing this release on behalf of said minor.

Name of Parent/Guardian (print): \_\_\_\_\_

Signature: \_\_\_\_\_

## Payment Information

Please make checks and money orders out to "Pinnacle Basketball Camp"

Participant Name (PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

