

## CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. By accepting this agreement and participating in **Shooting Stars Basketball Program**, you agree that you understand that there is a risk of injury in participating in any sport, including Shooting Stars Basketball. This risk of injury includes but is not limited to a risk of serious permanent injury, paralysis, and death.

Your agreement indicates that you understand that your child should not participate in the **Shooting Stars Basketball Program** if: he or she is currently under the care of a physician for an injury or illness that would prevent his/her safe participation in Basketball events; he or she is currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in Basketball events; your child has a history of fainting or other problems related to strenuous exercise; or your child is not in good health or has some other reason he or she should not participate in strenuous physical exercise.

To minimize the risk of injury, you agree to tell your child to obey all safety rules and to report fully any problems related to his/her physical condition to the Shooting Stars basketball coaches as soon as the problem begins.

2. By accepting this agreement, you certify the following:

- That you are the parent or legal guardian of the child ("Player") named above.
- That your child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in the Shooting Stars basketball program.
- That your child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in the Shooting Stars basketball program.
- That your child has no history of fainting or other problems related to strenuous exercise; and
- That your child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.
- That you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the Shooting Stars basketball program.

3. CONSENTS:

1. By indicating your acceptance of this agreement, you hereby give permission for Keith Peoples and/or Shooting Stars employees and agents to obtain medical treatment for your child in the event of an accident or illness during his/her time at camp.

2. By indicating your acceptance of this agreement, you hereby give consent to have your child be photographed or videoed during camp activities, and you agree that the images so obtained may be used for educational and public relations purposes by the Shooting Stars basketball program.

RELEASE:

1. By indicating your acceptance to this agreement, you do hereby agree that you are and shall be responsible for all costs associated with any injury, illness, damage, expense, claim, or loss that maybe sustained by your child as a result of his or her participation in the Shooting Stars Basketball Program. You also certify that you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating in the Shooting Stars Basketball program.

2. By indicating your acceptance of this agreement, you also agree to release and promise not to sue Shooting Stars, or the officers, employees, or agents, for any injury, illness, damage, expense, claim, loss, injury, or death arising from, resulting from, or in any way caused by your child's participation in the Shooting Stars Basketball Program.

BY SIGNING BELOW YOU ARE INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY, AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Date: \_\_\_\_\_

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