

Betsy Harris Bball, LLC. & Florida Southern Women's Basketball Camp Waiver

Participant Name _____

Parent(s) Name _____

Parent Primary Phone _____

Parent Secondary Phone _____

Emergency Contact (if parents cannot be reached) _____

Relationship to Camper _____ Phone Number _____

Family Doctor/Preferred Hospital _____

Medical Conditions (i.e. Allergies, Diabetes, Asthma, etc. _____

In consideration of being allowed to participate in any way in the Betsy Harris Bball, LLC., related events and activities, the undersigned acknowledge, appreciates, and agrees that:

1. For myself and on behalf of my heirs, assigns, personal representatives and next of kin, I hereby release and hold harmless Betsy Harris Bball, LLC., Florida Southern College, and any of the officers, servants, agents or employees and if applicable, owners and leasers of premises used to conduct this camp (releasees) with respect to any and all personal injury and bodily injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise that may be sustained by my child/legal ward, while in, on or upon the premises where the camp activities are being conducted, and,
2. I, as parent/guardian with legal responsibility for this camp participant, do consent and agree to release as listed above all the releases for myself, my heirs, assigns, and next of kin, and agree to indemnify the releasees from any and all liabilities incidental to my minor child's involvement or participation in these programs.
3. I further agree to indemnify and hold harmless the releasees from any loss, liability, damage or costs, including court costs and attorney's fees, that they may incur due to my child's participation in camp activities whether caused by negligence or releasees, or otherwise.
4. I, the undersigned parent or guardian, hereby certify that I am the parent or legal guardian of the camper named below. I do hereby authorize Betsy Harris Bball, LLC. & Florida Southern College to secure any and all medical treatment in the event that I cannot be contacted. I further authorize an attending physician to render any and all medical care that he/she may deem necessary which are not paid by the camp's excess policy after all other available personal insurance has paid or declined payment. It is understood that, in any event, an attempt will be made to contact the parent before such treatment is started.
5. I, the undersigned parent/guardian, also certify that my child is physically fit to attend the Betsy Harris Bball, LLC. and Florida Southern Women's Basketball Camp and participate in all camp activities. I have no knowledge of any physical condition that would prohibit my child from participating in the Betsy

Harris Bball TCK, LLC. and Florida Southern Women's Basketball Camps. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Parent Signature (if player is under the age of 18): _____

Date: _____