

**HUSKYBEAVERDUCK CAMP
WAIVER FORM**

(One registration for EACH participant must be completed & signed by parent or guardian)

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I/we am/are the parent(s) or legal guardian of _____
(Child's name)

Who desires to be a participant in the HuskyBeaverDuck Girls' Basketball Clinic. It is important to me/us that this child be allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of HBD Camp allowing my child to participate in this sponsored activity and/or use of city facilities, I/we, on behalf of myself(ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of HBD Camp facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless HBD Camp, its officials, employees, its hired or contracted instructors and facilities, and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

Parent(s) / Guardian Printed Name(s) _____ **Date** _____

Parent(s) / Guardian Signatures(s) _____ **Date** _____

MEDICAL INSUR. CO. _____ **POLICY #** _____