



SPRING BREAK CLINIC

March 26th - 28th

Aldersgate UMC

5130 Lincoln Ave 47715

Grades 3-5 9:00 - 11:30 AM

Grades 6-8 12:00 - 2:30 PM

\$70 prepay / \$90 at the door

Player name: _____ Age & Grade _____

Emergency Contact Name & Number _____

Email: _____

I, the undersigned, realizing that there is risk inherent in any recreational and competitive activity, and in consideration of my (my child) being allowed to participate in this activity, I assume all risks in connection with this activity. I further agree to release, indemnity, and hold harmless BlackHeart Basketball LLC, or Ambition Basketball, or Aldersgate United Methodist their officers, officials, coaches, employees, and agents from any and all claims and liabilities of any type whatsoever, and for damages to, loss or destruction of any property or injury, sickness, or death which may now or hereafter arise out of, result from, or in any way be connected with my participation in this activity. I understand it is my responsibility to obtain health insurance. I grant BlackHeart Basketball, Ambition Basketball permission to seek medical treatment for myself (my child) in the event I am unavailable or unable. I acknowledge that BlackHeart Basketball LLC or Ambition Basketball may utilize my name, address, and likeness and hereby waive all rights to compensation for their use in the promotion and operation of BlackHeart Basketball LLC. I agree to all video and photography of myself or the above mentioned player. I further state that I am of lawful age and legally competent to sign this release, that I understand the terms herein are contractual and are not mere recital; and that I signed this document of my own free act.

Parent/Guardian (Print Name) _____

Signature _____