**Coach Monte’ Ross Elite Basketball Camp**

**ASSUMPTION OF RISK AND RELEASE FORM**

*THIS IS A RELEASE OF LEGAL RIGHTS—READ AND UNDERSTAND BEFORE SIGNING*

**Name of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(If participant is under 18 years of age, a parent or legal guardian must also read and sign this form.)

Program: **Coach Monte’ Ross Elite Basketball Camp**: **NC A&T Campus**

I hereby agree as follows:

**I. Risks of Participation:**

I fully recognize that there are dangers and risks to which I may be exposed to by participating in the Program. More specifically, I acknowledge and accept the following risks: I accept full responsibility for any injuries or illness that I may sustain during Program activities. I understand that North Carolina Agricultural and Technical State University and its governing board, officers, employees, and agents (collectively the “University”) do not require me to participate in the Program, but I am choosing to do so despite the possible dangers and risks and despite this Release. I therefore agree to assume all risks and responsibilities in any way associated with the Program.

II. **Health & Safety**

I understand and agree that the University is granted permission to authorize emergency medical treatment, if necessary, and that such action by the University shall be subject to the terms of this Agreement. I understand and agree that the University assumes no responsibility for any injury, damage or cost which might arise out of such authorized emergency medical treatment. I have consulted with a medical doctor regarding my personal medical needs. There are no health-related problems that preclude or restrict my participation in this Program. I have arranged, through medical insurance or otherwise, to meet all needs for payment of medical costs while I participate in the Program. I understand that neither the University nor the Facility is obligated to provide transportation in connection to the Program. I understand that I am expected to carry my own automobile liability insurance coverage.

**III. Standards of Conduct**

I will comply with the University’s rules, standards, and instructions for student behavior, as well as the Facility’s standards of conduct. I waive and release all claims against the University that arise at a time when I am not under the direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the Program or from the University, for violating these standards or for any behavior detrimental to or incompatible with the interests, harmony, and welfare of the University, the Program, the Facility, or other student participants. The University has the right to make changes in the format and administration of the Program.

**IV. Assumption of Risk, Covenant Not to Sue, and Release of Claims**

Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release, indemnify, and covenant not to sue the University from and against any present of future claim, loss or liability for injury to person or property which I may suffer, or for which I may liable to any other person, during my participation in the Program (including periods in transit).

**I have carefully read this Release Form before signing it. No representation, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. The laws of the State of North Carolina shall govern this agreement, which shall be the forum for any lawsuit filed under of or incident to this agreement or to the Program.**

**x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Participant)**

**x\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature of Parent/Guardian if Participant is under the age of 18)**

***Emergency Contact Information***

Name of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_