





## ***RELEASE OF LIABILITY***

I agree for myself and (if applicable) for the members of my family that, in exchange for participation in the following activity of:

Basketball Fundamentals Skills Camp

Which has been organized by: Springfield S.T.A.R.S., ("S.T.A.R.S."), of 704 N Pinewood Ave, Republic, MO 65738

To the following:

- I agree to obey and observe any and all posted warnings and rules, and agree to follow any directions or oral instructions given by S.T.A.R.S., or the representatives, employees or agents of S.T.A.R.S.
- I understand that my and (if applicable) my family members time at the facility may include various activities that may be hazardous to myself and (if applicable) my family members. I hereby expressly and specifically assume the risk of injury or harm in these activities and release S.T.A.R.S. from any and all liability for injury, illness, loss, death, or property damage resulting from the activities of my or my family's use of or presence upon the facilities, whether caused by the fault of myself, my family, or other third party.
- I agree to indemnify and hold harmless S.T.A.R.S., its affiliates, and its respective officers, directors, agents and employees from any and all claims, demands, losses, causes of action, damage, lawsuits, judgments, including attorneys' fees and costs, arising out of my or my family's use of or presence upon the facilities of S.T.A.R.S.
- In the event of damages, I agree to pay for any and all damages that may be caused by me or my family's negligent, reckless, or willful actions.
- Any equitable or legal claim or claims that may arise from the participation in the above shall be resolved under the laws of the State of Missouri.
- The name of the person signing the release on behalf of the minor is MINOR RELEASE NAME:\_\_\_\_\_. The address of the person who will sign the release for the minor is ADDRESS:\_\_\_\_\_, CITY:\_\_\_\_\_,STATE:\_\_\_\_\_, ZIP:\_\_\_\_\_
- The person signing the release of behalf of the minor is the minor's MINOR RELATIONSHIP:\_\_\_\_\_

***Terrill Askew  
(417) 429-3403***

***704 N Pinewood Ave  
Republic, MO 65738***

***ataada@sbcglobal.net***



- The Released Party has the authority to seek medical treatment for the minor, beginning on MEDICAL AUTHORITY BEGIN DATE: \_\_\_/\_\_\_/\_\_\_ and ending on MEDICAL AUTHORITY END DATE: \_\_\_/\_\_\_/\_\_\_

I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: \_\_\_/\_\_\_/\_\_\_

Signature: \_\_\_\_\_

Participant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency, please call: \_\_\_\_\_ (Relationship): \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_