

PATHWAY ELITE BASKETBALL LLC

RELEASE WAIVER

PLEASE READ THIS "RELEASE CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. IT MUST BE FULLY SIGNED AND SUBMITTED BEFORE YOU ARE ALLOWED TO PARTICIPATE.

Waiver, Release, Informed Consent, Assumption of Risk:

I, the undersigned, wish for my child (Hereafter "Child") to participate in Pathway Elite Basketball Camps on the dates, times, and location as indicated and, in consideration for my Child's participation. I understand that Pathway Elite Basketball LLC is operated as an individual enterprise and is not owned, sponsored, or operated by Carroll County Recreation. I am aware that Pathway Elite Basketball LLC involves competition and physical contact with and against other participants and that there are inherent dangers and risk of injury involved with such activities. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue Pathway Elite Basketball LLC, Corey Speights, Pathway Elite Basketball Coaches, Officials, Volunteers, Sponsors, Advertisers, Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities. I also understand that Pathway Elite Basketball LLC retains the right to use for publicity and advertising, photographs and video taken of the participants.

Medical Release

I have given my child permission to participate in the Pathway Elite Basketball LLC events, and certify that she/he is in good health and can take part in all camp activities. If an injury occurs, I authorize the camp staff members to take all proper action and use the emergency services available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

SIGNATURE IS REQUIRED:

Participant's Name: _____ Participant's DOB: _____

Parent/Legal Guardian's Name: _____ Date: _____

Parent/Legal Guardian's Signature: _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

***PARENT/GUARDIAN MUST SIGN THIS FORM FOR MINORS UNDER THE AGE OF 18
*BRING THIS SIGNED FORM TO THE FIRST DAY OF CAMP (DO NOT MAIL IT)**

PATHWAY ELITE BASKETBALL LLC

****PARENT/GUARDIAN MUST SIGN THIS FORM FOR MINORS UNDER THE AGE OF 18
*BRING THIS SIGNED FORM TO THE FIRST DAY OF CAMP (DO NOT MAIL IT)***