



Accident Waiver and Release of Liability Form

Policies

All negative behaviors such as but not limited to fights, derogatory slurs, theft, disrespect of staff, etc is subject to immediate removal from the program.

All payments are to be made prior to all sessions for participation to be granted.

No refunds.

Accident Waiver and Release of Liability

I hereby give my permission for my child _____ to participate in the Hybrid Hoops LLC camp. I hereby acknowledge that participation in training and related activities involves inherent risk of physical injury or loss that might be sustained by my child. In consideration for accepting my child into camp, I assume all risk of injury and loss that may be suffered by me or my child and release and forever discharge Hybrid Hoops LLC, its officers, employees, agents, Drake Reed, partners, Clarksville Christian School, facilities and personnel from any and all known liability of whatever kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen body and personal injuries, including death, property damage, property theft and the consequences therefore resulting in the registrants participation in or involvement with this training program or presence on facility property, including any failure of equipment or defect on the premises.

Signature: _____

(Parent/Guardian or attendee if 18+ years old)

Date: _____

Permission to Treat

As a parent/guardian, I understand that if serious illness/injury develops, medical or hospital care is contacted. I give my permission for Hybrid Hoops LLC to contact emergency services in the event my child is in need of emergency services.

In consideration of my application and permitting my child to participate in this activity, I hereby:

INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE Hybrid Hoops LLC, Clarksville Christian School, its trustees, officers, employees, volunteers or other entities or persons involved in the training program. I release the above from any and all liabilities or claims made as a result of participation in this program, whether caused by the negligence of release or otherwise.

Please list any allergies or ailments our staff needs to be aware of below. If an emergency plan is necessary given your child's condition, the parent/guardian(client if 18+) is required to provide Hybrid Hoops LLC with a printed emergency plan prior to participation.

Allergies/Ailments:

Signature: _____
(Parent/Guardian or attendee if 18+ years old)
Date: _____

Media Permission

I understand that while participating in this program, my child may be photographed and/or recorded. I agree to allow their photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns for purposes of but not limited to advertising and promotions for Hybrid Hoops LLC.

Parent/Guardian Signature: _____
(Parent/Guardian or attendee if 18+ years old)
Date: _____

I CERTIFY THAT I HAVE READ THIS DOCUMENT, FULLY UNDERSTAND ITS CONTENT, AND AGREE TO ITS TERMS.

Participant's Printed Name (Please print legibly): _____

Parent/Guardian Printed Name (Please print legibly): _____
(If under 18 years old, Parent or Guardian must also sign)
Age _____

Parent/Guardian's Signature(if under 18 years of age) _____

Date: _____