



PARENT PERMISSION FORM, LIABILITY WAIVER AND RELEASE, AND AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT

I, the undersigned, the parent and/or legal guardian of (if Player is a minor, e.g. under 18 years of age), or the person (if Player is age of majority, e.g. 18 years of age or over),

(Player) acknowledges that the Player is receiving valuable instruction and experience by their involvement with ETA SPORTS & EXPOSURE. In consideration thereof, I hereby grant permission for the Player to play, compete, train, and otherwise participate in all events and activates but not limited to practice, games, tournaments, clinics, camps, fundraising, volunteering, social activities, travel by any and all means including private, public, and commercial transport by ground, air, and water based vessels, and other activities sponsored by ETA SPORTS & EXPOSURE and any and all companies associated with my participation or my minors participation.

I further authorize the administration of ETA SPORTS & EXPOSURE to release pertinent information about my son to college coaches, media, etc. for the purpose of enhancing the recruiting process. This information includes but is not limited to photographs, email addresses, telephone numbers, press releases, game summaries, etc.

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept the full responsibility for any injuries that may occur to the Player as a result of their trying out for and participating in all events including the ETA SPORTS & EXPOSURE Training Program. I waive any and all liability against ETA SPORTS & EXPOSURE, its officers, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors/suppliers, the school districts, and the owners and operators of any facility utilized by ETA SPORTS & EXPOSURE, and hereby release and discharge the same, from any claim, loss, injury, cost, damage or expense incurred/sustained by or on behalf of the Player as a result of the Player's participation in the ETA SPORTS & EXPOSURE Training Program. I further agree to indemnify and hold harmless all of the above organizations, employees, officers, coaches, trainers, volunteers, and sponsors for any judgment awarded, attorney fees, and other expenses with respect to any claims, loss, damage, or expense which may be sought by or on behalf of the Player or her family/guardian.

I, the undersigned, the parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of majority) (Player) hereby grant permission for ETA SPORTS & EXPOSURE, its officers, employees, coaches, and trainers, to authorize medical or dental treatment for the Player by any available and qualified physician/dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the Player. Furthermore, on-going medical treatment is authorized until such time as the undersigned shall dismiss these physicians/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that participation in ETA SPORTS & EXPOSURE events and sports related events involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue ETA SPORTS & EXPOSURE, its directors, officers, employees, coaches, officials, volunteers, sponsors, advertisers, owners/leasers of premises for all liability from my participation in these and any other related travel, lodging, social and recreational activities.

I have given my son permission to participate in the ETA SPORTS & EXPOSURE events, and I certify that she/he is in good health has been cleared by a physician and can take part in all physical activities not limited to but including training, practices, and games. I am aware of all laws, rules, and safety procedures regarding head concussions. If an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service 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.

Parent/Guardian Name (PRINT)

Parent/Guardian Signature & Date