

MEDICAL & GENERAL LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

Participant's Name: _____ Date of Birth: _____

Print Parent/Guardian Name (if under 18): _____

1. Acknowledgment of Risk

I understand and acknowledge that participation in the Smart Hoops Summer Basketball Boot Camp ("the Camp") involves rigorous physical training, intense cardiovascular exercise, drills, and competitive play that may include the risk of serious injury or illness, including but not limited to sprains, fractures, concussions, heat-related illnesses, or in rare cases, permanent disability or death.

2. Assumption of Risk

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Camp organizers, staff, volunteers, or any affiliates ("Released Parties"). I take full responsibility for the participant's participation.

3. Medical Authorization

In any emergency, I authorize the Camp staff to secure any treatment deemed necessary for the participant's immediate care from any licensed hospital, physician, and/or medical personnel. I agree that I will be responsible for paying for all medical services rendered.

4. Agreement to Training Methods

I agree to participate in all training sessions and conditioning exercises as directed by the Camp Director and staff. I acknowledge that the methods used are designed to enhance athletic performance and may be intense or physically demanding. I consent to the camp director's discretion in using these training methods.

5. Medical Conditions, Injuries, or Allergies

Please list any relevant medical conditions, allergies, injuries (past or current), physical limitations, asthma, learning disabilities, or other concerns the Camp should be aware of:

6. Waiver of Liability

I, for myself and the participant; and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless the Camp, Smart Hoops LLC, the Camp Director, Pines Middle School, its employees, agents, volunteers, and sponsors from all liability, claims, demands, losses, or damages caused or alleged to be caused in whole or in part by the negligence of the Released Parties or otherwise, including negligent rescue operations. This release also applies to the School Board of Broward County, Florida (SBBC), including its employees, agents, and representatives.

7. Hold Harmless Agreement

I agree to hold harmless and defend the Camp and its representatives against all claims, causes of action, damages, judgments, costs, or expenses, including attorney's fees and other litigation costs, which may in any way arise from my participation in the Camp.

8. Media Release (Optional)

I grant permission for the Camp to use photos or video footage of the participant for promotional or educational purposes.

Yes, I Permit _____ No, I Do Not Permit _____

Authorized Signature for Participant Above: _____

Date: _____