



Consent for Participation & Liability Release Form

For and in consideration of my above named son/daughter or minor in my custody (the "Athlete"), participating in 365 Sports/Hoops City U programs (the "Program"), as legal guardian of this child, I attest and agree to the following: The Athlete is mentally and physically capable of participating in the program. I understand that any evaluation or assessment of my child/minor's physical fitness and any recommendation of activities made by anyone at 365 Sports/Hoops City U shall not be a substitute for obtaining such evaluation, assessment or recommendation from the Athlete's physician before participating in any of the program activities.

The Athlete's participation is voluntary and I voluntarily permit the Athlete to participate. I understand that participation in the Program is an inherently dangerous activity and that the risk of participation include, but are not limited to falls, collisions, cuts, fractures, paralysis, dismemberment, death, or other injuries. I hereby, for myself, the Athletes, the heirs, administrators, executors, personal representatives and assigns, forever waive, release ad discharge any and all rights and claims for damaged and losses, whether monetary or otherwise compensatory, that I or my child have against: (i) 365 Sports/Hoops City U and its directors; (ii) executive directors, owners, managers, officers, employees, members, representatives, and agents; an (iii) all coaches, participants, organizers, supervisors, planners, and volunteers for any and all injuries sustained by me or my child arising out of association with, or participation in the Program and any Program activities. I understand and agree that medical or other services rendered to the Athlete by or at the insistence of any of the above parties are not an admission of liability to provide or continue to provide any such services and is not a waiver by any said parties of any hereunder. I also acknowledge that, should the Athlete require transport to a medical facility, I must pay for such transportation and any treatment period. I further agree now and forever to hold the above named and unnamed parties harmless and indemnify them for all claims, damages, judgments and costs of whatever nature and form. 365 Sports/Hoops City U recommends that his/her physician examine your child/minor before participating in the Program. If the Athlete has a history of heart disease, he/she will need to consult a physician prior to participating in the Program.

In the event of an emergency where I (or my spouse) cannot be contacted, I authorize 365 Sports/Hoops city U staff to secure appropriate medical care for mychild.

Insufficient Funds. I understand I will be charged \$25 for each returned check or draft.

Refund Policy. I understand that nonattendance does not entitle me to a refund. I understand that no refunds or adjustments are granted for injury, illness, or vacation. Program payment is not transferable from one Hoops City program to another.

Property. I understand that Hoops City U Field House is not responsible for any personal items lost or stolen at our programs.

Marketing. I permit the 365 Sports/Hoops City U to use pictures of my child as a program participant in promotional literature, promotional videos & the 365 Sports/Hoops City U web site and social media, which are published and used by 365 Sports/Hoops City U. I understand that my child's photo or likeness may appear in news media. I understand that my child's name will not be published or broadcast.

Behavior. All participants will use appropriate language at all times. Cooperate with staff and follow directions. Respect others and equipment and facility. Maintain a positive attitude. If child does not comply a conference will be held with child and parent will be notified. Additional Code of Conduct is posted in the facility.

Participants Name _____ Date _____

Parent Signature _____ Please Print Name _____

Address: _____ Phone: _____

Email: _____