

Jesse Fleming Basketball Camp, LLC

Minor Waiver and Release of Liability

In consideration of being allowed to participate in any way in Jesse Fleming Basketball Camp, LLC. athletic/sports program, and related events and activities, the undersigned:

1. Agrees that parent(s) and/or legal guardians will instruct minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe he or she should immediately advise his or her coach or supervisor of such condition and refuse to participate.
2. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inactions or negligence of others, the rule of play, or the condition of the premises of any equipment used. Further, that there may be other risks not known to us or not reasonable foreseeable at this time.
3. Assumes all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Releases, waivers, discharges and covenants not to sue Jesse Fleming Basketball Camp, LLC. its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if referred to as "releases", from any and all liability to each of the undersigned, his or her heirs and next to kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or allowed to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UPSUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Parent or Guardian (Signature/Relation)

Date

Parent or Guardian (Signature/Relation)

Date

Print Name of Parent or Guardian _____

Print Name of Participant _____

Name of Organization _____