

MTBSA

Mark Davis, President PH: 678.733.7626

EMAIL: coachmd@mtbsa.net

PARENTAL CONSENT: (To be completed and signed by parent/guardian)

www.mtbsa.net

MTBSA CAMP WAIVER & RELEASE OF LIABILITY

In consideration for being permitted to participate in basketball activities with MTBSA at Fulton Leadership Academy, I hereby waive, release and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in basketball activities with MTBSA at Fulton Leadership Academy. This release is intended to discharge in advance MTBSA and Fulton Leadership Academy (their employees, volunteers, and agents), from any and all liability arising out of or connected in any way with my participation in basketball activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

I hereby additionally consent that my son/daughter___ Age , may participate in the above activity and I hereby execute the above agreement, waiver, and release on his/her behalf. I state that the said minor is physically able to participate in said activity. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which thy may incur as a result of the death, any injury, or property damage that said minor may sustain while participating in the said activity. I have carefully read this Agreement, Waiver, and Release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the above designee and I sign it of my free will. I further understand that no medical insurance is provided and that no refunds will be given unless activities are cancelled by MTBSA. I further understand that photographs and video will be taken of me during the course of the above mentioned activity and that these photographs and video may be used for MTBSA's publicity and marketing purposes. I have read and fully understand this release. Signature of Parent/Guardian_____ Printed Name

MTBSA * Fulton Leadership Academy * 2605 Ben Hill Drive * East Point, GA 30344



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MTBSA HEALTH & RELEASE FORM *BRING THIS FORM WITH YOU TO CAMP*

(You will not be admitted without this form, completed and signed on both sides!)

PLAYER'S NAME:					
Grade:Sex:Bir	thday:	Age:	Weight:	Height:	, ,
Address		City	State	Zip	
Home Phone ()		Work Phone (·)		
E-Mail					
Person to contact in the ever	nt I cannot be read	ched			
Relation:					
Phone number of emergency	y contact person ()			
HEALTH & GENERAL HISTOR	Y :				
If the player should be restr	icted from any act	ivity please noto	e:		
If the player will be taking m	edication during c	amp, please ind	icate name of dru	g and dosage:	
Please identify any medical o	condition or medic	al history that v	vould require spec	ial attention:	
BASKETBALL HISTORY:					
Is this the player's first time	attending camp: _	YesN	lo		
Years played					

MTBSA Mission: To positively affect the mind, body, and soul of youth and young adults on their journey to becoming thriving citizens through mentoring and team-building programs