



**EXPRESS ASSUMPTION OF RISK (15.22.1)
Shared Responsibility for Camp Safety**

Parents/Guardians of Prospective Campers: Participation in sports camps requires an acceptance of risk of injury. Periodic analysis of injury patterns continuously lead to refinement in rules and regulations and other safety guidelines. However, to legislate safety via the rule book and equipment standards is seldom effective in and of itself. There are various safety concerns to be aware of. Some are regularly identified and addressed (i.e. heat illness and the administration of liquids frequently during camp sessions). Other safety concerns remain as such due to the camp participant's questionable compliance with specified guidelines (i.e. wearing all protective equipment issued, proper footwear, etc.). Some may be less clearly identified (i.e. head and neck injuries, knee injuries) and therefore, prevention and protection are difficult.

At Hoops 101 Basketball Camp, Academy & Select, we are making every effort to increase the camper's knowledge concerning rules and practices being employed to minimize risk of significant injury while pursuing the many benefits of camp activities. Moreover, as injury risks are identified, steps are taken to minimize the causes, where possible. We teach the latest in skill acquisition and technique as well as implement preventative injury measures such as warming up prior to vigorous activity, stretching and fluid replacement; realizing that all of these measures have the potential to lower risk of injury. Even with these efforts, a certain number of injuries will occur. The camper and sports camp supervisors have a mutual need for an informed awareness of the risks being accepted and for sharing the responsibility for controlling those risks.

RELEASE AND INDEMNIFICATION AGREEMENT (15.22.2)

PARTICIPANT: (Name and Address)

INSTITUTION:
Hoops 101 Basketball Camp
8415 Selway
Austin, TX 78736

Description of Activity or Trip: Hoops 101 Basketball Academy and Select Basketball Teams

Location: Austin High School and various other locations Dates: March 28-August 31, 2010

I am the Parent/Guardian of the above-named participant who is under eighteen years of age and am fully competent to sign this Agreement. In consideration of Participant being permitted to participate in the Activity or Trip, I hereby accept all risk to Participant's health and of his/her injury or death that may result from such participation and I hereby release the above named institution, its governing board, officers, employees and representatives from any and all liability to Participant. Participant's personal representatives, estate, heirs, next of kin, and assigns for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to Participant's person, including his/her death, that may result from or occur during Participant's participation in the Activity or Trip, whether caused by negligence of the Institution, its governing board, officers, employees, or representatives, or otherwise. I further agree to indemnify and hold harmless the Institution and its governing board, officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity or Trip.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND IT TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.

Signature of Parent/Guardian

Signature of Witnesses

Date Signed: _____

Date Signed: _____

HOOPS 101

MEDICAL FORM

CONSENT FOR TREATMENT OF A MINOR

Name of Camper: _____

Social Security No. _____ Date of Birth: _____

Address (City, State, Zip): _____

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

I, the undersigned, as the parent or legal guardian of _____ (a minor) hereby authorize such diagnostic, medical and/or surgical treatment of such minor as may be considered necessary or appropriate under the circumstances for the treatment of any illness or injury of the minor. The attending physician, appropriate staff, and Hoops 101 Basketball Camp and its employees shall not be responsible in any way for any consequences from said diagnostic, medical and/or surgical treatment and are hereby released from any and all claims and causes of action that may arise, grow out of, or be incident to such diagnosis, treatment, or surgery insofar as the law allows and provided that these services are performed with ordinary care and to the best of their ability.

Signature of Parent/Guardian Date: _____

Pertinent Medical/Insurance Information (to be completed by parent/guardian):

Allergies: _____

Current Medications: _____

Other: _____

Insurance Company: _____ Policy No.: _____

Social Security No. or ID No.: _____