



## Johnny Newman Basketball Camp Application

### Participant Information

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

Phone \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ School Grade entering: \_\_\_\_\_

T-shirt Size (circle one)

Child S M L XL

Adult S M L XL

Circle the highest-grade level of basketball that you have played:

1 2 3 4 5 6 7 8 9

### Parent/ Guardian Information

Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal code \_\_\_\_\_

(Phone) \_\_\_\_\_ Email \_\_\_\_\_

Insurance Holder: \_\_\_\_\_ Provider: \_\_\_\_\_

Policy number: \_\_\_\_\_

## Henrico PAL/Johnny Newman's 13th Annual Basketball Camp Liability Waiver/Release Form

In consideration of my child being allowed to participate in, or assist with, the Henrico PAL/Johnny Newman's 13th Annual Basketball Camp, and on behalf of myself, my child, my children, and my successors, heirs, representatives, executive and/or assigns (collectively referred to as "releasing parties", I release and forever discharge Henrico PAL, Johnny Newman, The Newman Group, Johnny Newman School of Basketball, agree not to sue the National Basketball Association, The County of Henrico and their respective owners,

directors, shareholders, officers, partners, affiliates, representatives, limited partners, general partners, parents, agents, and employees (collectively "the released parties") from any and all liability claims, liens, actions, or causes of action of any nature whatsoever arising out of any damages, losses, or injuries (including death) to the releasing parties and/or their property while participating in the Henrico PAL/Johnny Newman 10th Annual Basketball Camp on 10/12/19 at Eastern Henrico Recreation Center or any other activities which may be contemplated and conduction at such School of Basketball on such dates regardless of the cause(s) of such loss, injury, (including death) or damage. I know the risks and dangers inherent in participation in the School of Basketball. As further consideration of my child being allowed to participate in the School of Basketball described herein, the undersigned agrees, jointly and severally, to defend, indemnify, and hold harmless the released parties from and against and in any respect of liabilities, claims, liens, actions, causes of action, cost or expenses of any nature whatsoever (including, without litigation, interest, penalties, reasonable attorneys' fees and disbursements) arising from any damage, loss, or injury (including death) to the releasing parties resulting from the School of Basketball described herein regardless of the cause or causes of such damage, loss, or injury (including death). My child or children voluntarily assume all risks of injury to his/her/their person (including death) and his/her/their property that may be sustained by participating in the Henrico PAL/Johnny Newman's 13th Annual Basketball Camp. I certify that my child is in good mental and physical condition. I herein by acknowledge that I have carefully read this Liability Waiver/Release Form and fully understand its content.

I am over the age of 18 and am signing this Liability Waiver/Release Form voluntarily and intended for it to be binding legally. I understand that the Henrico PAL/Johnny Newman's 13th Annual Basketball Camp does not provide any medical insurance for my child/children to participation in the camp. My child/children will have medical insurance provided by (Insurance Company on the above dates of the Henrico PAL/Johnny Newman's 13th Annual Basketball Camp. I waive all rights to photographs and images taken during these events that are used for Henrico PAL advertisement and/ or its website.

Parent/Guardian's Name (Print: \_\_\_\_\_

Parent/Guardian's Name (Sign): \_\_\_\_\_

Date: \_\_\_\_\_