



Participant , Team Representative, and/or Parents Release of Liability

PLEASE READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Indiana Top 100 basketball camp and any other related activities (“Programs”) provided by or the property of Indiana Top 100 basketball camp committee , Ed Shilling Jr. , Champions Academy, Franklin High School-Franklin, Indiana the undersigned acknowledges, appreciates and agrees that :

1. The risk of injury from the activities involved in these Programs is significant , including the potential for permanent paralysis and death , and while particular rules, equipment and personal discipline may reduce this risk , the risk of serious injury does exist.
2. I knowingly and freely assume all such risks ,both known and unknown , even if arising from the negligence of the Indiana top 100 ,Ed Shilling Jr, Champions Academy and Franklin High School – Franklin, Indiana, their officers, officials, agents, representatives and/or employees, other participants, sponsoring agencies, sponsors, advertisers,(“Releases”),or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and immediately bring such attention to the nearest official.
4. I, for myself, and on behalf of any of my heirs ,assigns ,personal representatives and next of kin, hereby release ,indemnify , and hold harmless Releases with respect to any and all injury ,disability ,death or loss or damage to person or property, whether arising from the negligence of the Releases or otherwise ,to the fullest extent permitted by law.
5. I, for myself , and on behalf of any of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and to hold harmless all of the above Releases from any and all liabilities incident to my involvement or participation in these Programs , even if arising from their negligence, to the fullest extent permitted by law .

I AM AT LEAST EIGHTEEN (18) YEARS OF AGE AND I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS ,UNDERSTAND THAT I HAVE GIVEN UP SUBSTANT ALL RIGHTS BY SIGNING IT, AND SIGNING IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. IF NOT EIGHTEEN (18) YEARS OF AGE PARENT/GUARDIAN MUST SIGN

Participant’s signature

Date

Parent/Guardian Signature on behalf of Participant

Date

Print Name _____

Address _____

Zip _____