

Release of Liability

In consideration of being allowed to participate in any way with Vision Driven Basketball LLC, its related events and activities, I, acknowledge, appreciate, and agree that:

1. The risk of injury and illness (i.e. communicable diseases such as MRSA, influenza, and COVID-19) to my child(ren) from the activities involved in this program does exist, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,

2. FOR MYSELF AND MY CHILD(REN), I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation and my child(ren)'s participation; and,

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 or my child(ren)'s presence or participation, I will remove myself and my child(ren) from participation and bring such to the attention of the Company immediately; and,

4. I, for myself, my child(ren), and on behalf of our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Vision Driven Basketball LLC, their officers, officials, agents and/or employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessor's of premises used for the activity ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property associated with my presence or participation or my child(ren)'s involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

The undersigned has read & voluntarily signed this waiver slip

Parent/guardian signature: _____ Date: _____

Photo/Media Waiver

By signing this Form, you are consenting to the taking of photographs and/or video recordings during the Vision Driven Basketball Camp of your child by Vision Driven Basketball LLC for marketing, advertising, promotional, publicity and/or communication purposes. You acknowledge that neither the child nor you will be compensated for the use of these Media Images.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____