WALTON JR PROGRAM WAIVER

WAIVER/RELEASE FORM

Participants Name: _____

Emergency Contact: _____

Phone: (C) _____ (H) _____(O)_____

Relationship to Participant:_____

PARTICIPANT INFORMATION; Please check the correct response and fill in any necessary information.
Is the participant allergic to anything? Yes ____ No _____

If yes, please list: _____

Is the participant currently taking any medication? Yes_____ No _____

If yes, please list :_____

PHOTO PERMISSION:
Pictures may be taken at programs. We encourage parents to allow photos to avoid isolation of participants during photo sessions. Pictures are used for scrapbooks, publicity or brochures. By signing this waiver, you are also granting permission for photos to be taken.

EMERGENCY TREATMENT & TRANSPORTATION PERMISSION:
In case of accident or injury, Walton Jr. Basketball needs parental/guardian permission for emergency treatment and /or transportation. A signature below grants this permission.

INSURANCE INFORMATION:
Health, medical and hospital coverage is the responsibility of the participant, parent or guardian.

Insurance Co: _____

Policy # /Group # _____

HOLD HARMLESS-INDEMNITY RELEASE FOR PARTICIPANTS, CAMP WAIVER & RELEASE OF ALL CLAIMS:
Please read this form carefully and be aware that in signing up for and participating in this program you will be waiving and releasing all claims for injuries or illness you might sustain arising out of this program.

"As a participant in this program, I recognize and acknowledge that there are certain risks of physical injury and illness and I agree to assume the full risk of any injuries, illnesses, damages or loss which I or my child may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of participating in the program against CCBOE, Walton Jr. Basketball and their officers, agents, servants, and employees". I have read and fully understand the above Program Details and Waiver and Release all Claims.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____