



LIGHTS OUT HOOPS PARTICIPANT RELEASE AGREEMENT

Participant and parent/guardian (UNDERSIGNED) must read carefully and sign at the bottom.

Notice:

Undersigned is fully aware that basketball (ACTIVITY) as taught and sponsored by Lights Out Hoops (ORGANIZATION) is a contact sport and that participating in and other events, practices, games, tournaments, try-outs and camps for this sport can be a dangerous activity involving a great risk of injury. Activity also includes non-basketball related events.

Risks Assumed:

Undersigned understands that the dangers and risks of learning, competing in or practicing for the activity include, but are not limited to, death, and/or serious injury or impairment to other parts of the body, general health and well being. Undersigned understands that he or she assumes risk of injury by participating in the Lights Out Hoops program.

Hold Harmless:

In consideration or permitting Undersigned to take instruction and to engage in all activities related to the Lights Out Hoops program, including but not limited to trying out, practicing, or competing, Undersigned hereby assumes all the risks associated with such activities and agree to hold harmless Lights Out Hoops, their employees, agents, representatives, coaches and volunteers from any and all liability, actions, cause of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in the Lights Out Hoops program.

Release of Liability:

The terms hereof shall serve as a release of liability and assumption of risk on the part of the Undersigned and his or her heirs, executor, administrator, assignees, and for all members of my family. Undersigned agree that neither Lights Out Hoops, nor the employees or volunteers of said Organization shall in any way be held liable for any accident or injury in any way received on account of, or while engaged in, or traveling to or from, any activity sponsored by Lights Out Hoops. Undersigned further agree that neither the aforementioned Organization nor any of its employees, volunteers or students shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries.

Health Statement:

Undersigned verifies that the participant listed below is in good health and is able to participate in the activity described above.

Name of Participant

Date

Name of Parent/Legal guardian

Signature of Parent/Legal Guardian