



## NHance Basketball Camp

Dec. 19-21

8 a.m. to 5 p.m.

Participant Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(Please print) (Please print)

Address, City State Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

M or F: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade Level: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size Youth ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

Adult ☐ Small ☐ Medium ☐ Large ☐ XL ☐ XXL ☐ XXXL

Check Session: Session I ☐ Session II ☐

### Emergency Contact

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_ Relationship: \_\_\_\_\_

### AGREEMENT, WAIVER AND RELEASE FOR MINOR

In consideration for being permitted by the City of Tyler Parks and Recreation Department to participate in the NHANCE Basketball Camp, I the UNDERSIGNED, certify that I have custody or am legal guardian of said minor court order, and I agree to be bound by the following.

1. **Medical Attention:** I hereby give my consent that in the event said minor should require medical treatment while under the supervision of said department's personnel in connection with the described activity, such supervisor may authorize treatment. I also agree to pay all medical, hospital or other expenses which said minor may incur as a result.
2. **Waiver, Release and Indemnification:** I hereby waive, release and discharge any and all claims in advance against the above department (its officers, employees and agents) from and against any and all liability arising out of or connected in any way with said minor's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of said department (its officers, employees or agents) for damage for personal injury, death or property damage which I or said minor may have or which may hereafter accrue as a result of participation in said activity. It is understood and agreed that this waiver, release and assumption of risks is to be binding on the heirs on the heirs and assigns of said minor and the undersigned. I further agree to reimburse or make good any loss or damage or cost that the above department (its officers, employees or agents) may have to pay if any litigation arises on account of any claim made by said minor or by anyone on behalf of said minor.
3. **Promotion:** I hereby give consent to the said department to photograph said minor. I understand the picture may be included in program scrapbook, and/or in the promotion of Tyler Parks and Recreation Department ENHANCE Basketball Camp in the newspaper, slide shows or other media.

**I have carefully read this Waiver or Liability, Medical Release and Indemnification Agreement and fully understand its contents. I am aware that this is a release of Liability and a contract between myself and the above department and I sign it of my Free Will.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_