

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

In consideration for my or my child's being permitted to participate in the National Hoops Ministries 3 on 3 Tournament, and/or National Hoops Camp, I hereby release, waive, and discharge any and all rights for claims and damages I or my child may have against **National Hoops Ministries, Maranatha Baptist Bible College, Westgate Baptist Church, National Hoops 3 on 3 tournament, National Hoops Camp, and their respective sponsors, workers, employees, volunteers, agents and directors** for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which I or my child may have or which may hereafter accrue to me or my child, arising out of or related to for injuries that may be sustained by me or my child, including death, or by property belonging to me or my child during the course of traveling to and from tournaments, camp and/or games, participating in the same named events, and activities.

In addition, I acknowledge and understand that player eligibility rules for NCAA collegiate sports and local school districts vary and the National Hoops Ministries event organizers are not responsible for determining each participant's eligibility. Before registering for any event, National Hoops Ministries strongly encourages you to contact your or your child's coach or athletic director and ask how your or your child's eligibility would be affected, if at all, by registering for a National Hoops event. Moreover, I hereby grant full permission for event organizers to record any and all of my or my child's participation in the National Hoops Ministries 3 on 3 Tournament and/or Camp for photos, motion pictures, television, radio, recordings, video tapes, and any other media known or unknown, and to use them, no matter by whom taken, in any manner for publicity, promotions, advertising, trade or commercial purposes, without any remuneration or reimbursement of any kind.

Furthermore, I understand and accept the fact that National Hoops will not be responsible for personal items that are damaged or stolen, including money belonging to the participant. I also understand that my or my child's deposit of \$100 for the National Hoops camp is non-refundable.

In addition, I acknowledge and understand that all medical expenses incurred are the responsibility of the participant's parent or guardian. Emergencies will be referred to the closest medical facility.

Furthermore, I also acknowledge and understand that National Hoops Ministries and Camp is a Christian organization that uses the Bible as part of the daily program. I acknowledge that I or my child has read and understands the code of conduct for each tournament and camp participant. I understand that failure to abide by the code of conduct can result in dismissal from the camp or tournament event.

Code of Conduct:

No use of or presence of alcohol, tobacco, drugs, guns, fireworks, weapons, magazines, or apparel with inappropriate graphics or lettering will be permitted.

No use of or presence of video games, computers, iPods and other music/media players will be permitted.

Cell phone use will be limited.

All Campers are required to be present at all sessions and meals.

Fighting, cursing and disrespect toward officials and staff members are not permitted.

Physical contact with the opposite sex is not permitted.

Other rules and regulations to promote Christian character and discipline may be enforced.

Printed Name of Participant: _____

Signature of Participant (if Participant is 18 years of age or older):

Signature of Parent or Guardian (if Participant is 17 years of age or younger):

MEDICAL INFORMATION

Allergies to Food or Medication (List types, reactions, preferred treatment):

Date of last Tetanus Booster: _____ Are other Immunizations current? _____

Chronic/Recurring Illness (i.e. ear/throat infections, asthma, headaches, diabetes, seizures):

Recent illnesses (Past 3 months):

Name(s) and Telephone Number(s) of primary and other physicians currently treating Participant:

List all Prescription and "Over the Counter" Medications: *All medicines must be registered with the Camp Nurse.*

Name of Medication	Dosage	Time(s) Given	Reason/Notes

Insurance Company _____

Policy Number _____ Name of Insured _____

Emergency Contacts:

Physician _____ Phone # _____

Parent/Guardian _____ Phone # _____

Other _____ Phone # _____

Additional Notes:
