KI GMYMDUUNKEAG



2019 Fall Skills Camps

PARTICIPANT INFORMATION:	
Name:	Date of Birth
_ LAST FIR	
I wish to participate in the following camp: <u>Total Paid</u>	
□ Girls Camp — September 24,26 October 1,3,8,10,15,17 6:30 — 7:30 - \$75	
T-Shirt Sizing: Youth XS S M L XL	Adult XS S M L XL
□ Boys Camp — September 23,25 October 2,7,9,16,21,23 6:30—7:30 - \$75	
T-Shirt Sizing: Youth XS S M L XL	Adult XS S M L XL
MEDICAL ISSUES:	
CONTACT INFO / PARENT / GUARDIAN	
Full Name:	Phone Number:
Full Mailing Address:	Email Address:
	_
EMERGENCY CONTACT:	_
Name:	Phone Number:
Name:	Phone Number:
MILE OF GOLD BASKETBALL CLUB (KL SWAMPDONKEYS) WAIVER AND RELEASE OF LIABILITY	
In considering of being allowed to participate in any way in the KL SWAMPDONKEYS HOUSE LEAGUE program and	
related events and activities, the undersigned appreciates and agrees that:	
1. The risk of injury from the activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce this, it does exist, and,	
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of MILE	
OF GOLD BASKETBALL CLUB referees, volunteers, coaches, other players or participants, sponsors, advertisers,	
and if applicable, owners and lessors or premises used to conduct the programs and any related events and or ac-	
tivities , and assume full responsibility for my participation; and,	
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I ob-	
serve any usual significant hazard during participation, I will remove myself from participation and bring such to the	
attention of the nearest official immediately, and,	
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless the releases, with respect to disability, or loss or damage to person or property, whether caused by the	
narmiess the releases, with respect to disability, or loss of damage to person of property, whether caused by the negligence of the releases or otherwise.	
5. I further agree to irrevocably grant MILE OF GOLD BASKETBALL, and KL SWAMPDONKEYS, the perpetual unlim-	
ited free rights to record, reproduce, broadcast, exhibit, publish, sell, distribute or use in any way whatsoever, my	

FOR PARTICIPANTS OF MINORITY AGE (Under the age of 18 at time of registration) This is to certify that I, as a parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided by Releases, and, for myself, my heirs, assigns and next of kin, I have read this waiver and release of liability, fully understand its terms and indemnify the Releases from any and all liabilities to my minor child's involvement or participation in the programs provided above.

title, or interest in my attendance or participation or any materials produced hereunder.

name and likeness in any media, in connection with my attendance and participation in the KL SWAMPDONKEYS HOUSE LEAGUE program, including without limitation a videotape performance. I agree that I shall have no claim,

PARENT'S/GUARDIAN'S SIGNATURE _____ DATE _____