

# STAMINA BASKETBALL WAIVER FORM

Loyalty Media Group will be filming the campers and workers for a Documentary and by signing this waiver, you agree and allow Loyalty Media Group, to use the images and or likeness of the participant assigned in this form.

**This Waiver form will expire in June 22, 2023**

Name \_\_\_\_\_

Age \_\_\_\_\_

Date of birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Gender \_\_\_\_\_

Youth's Cell \_\_\_\_\_

Camp Shirt Size: \_\_\_\_\_

Parent's Name (Designated Parent) \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_

Cell (       ) \_\_\_\_\_

In Case of Emergency Contact \_\_\_\_\_

Phone (       ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Medical History: (Medications): \_\_\_\_\_

Food Allergies: \_\_\_\_\_

In return for my child ("Participant") being allowed to participate in the Stamina Basketball (the "Program"), I release and agree not to sue, Norton Common Gymnasium, Loyalty Media Group, Stamina Foundation, Derek Anderson and their employees, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of Participant's participation in the Program and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I understand and agree that those listed above are not responsible for any injury or property damage arising out of the Program, even if caused by their ordinary negligence. I understand that participation in the Program involves certain risks, including, but not limited to, serious injury. I am voluntarily allowing Participant to participate in the Program with knowledge of the danger involved and agree to accept all risks of such participation. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the basketball to be played in the Program. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the Program and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Program is taking place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in Louisville Kentucky. I am the parent or legal guardian of Participant. I am of legal age and am freely signing this Agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

I represent that I am a parent/legal guardian of the child named above and I agree that the child named above and I agree that the terms of this release are binding on the child and I.

Signature (Parent/Legal Guardian if player is under 18 years of age) \_\_\_\_\_

Date \_\_\_\_\_