



Grade level:

Youth Basketball-Individual Player Waiver Form, individual players' waivers MUST be submitted before participation.

Individual Player Information Name: _____

Gender: (Check) Female Male

Mom's Name: _____ Dad's Name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact: _____ Phone Number: _____

Consent and Liability Waiver - Release of all claims (must be signed to participate)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate at Victory Sports Camp. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Victory Sports LLC, Hillsborough Community College nor any employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Victory Sports LLC , Victory Sports Camp, Hillsborough Community College and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports camp or any other activity except for liability that may arise out of the willful or wanton misconduct of Victory Sports LLC , Victory Sports Camp, Hillsborough Community College and employees.



I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS Victory Sports LLC , Victory Sports Camp, Hillsborough Community College and employees WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND Victory Sports LLC , Victory Sports Camp, Hillsborough Community College and employees, AND I HAVE SIGNED IT OF MY OWN FREE WILL. I acknowledge and agree that Victory Sports LLC retains the right to use photographs and videos taken of the event participants for publicity and advertising purposes. I further agree that I have read and understand the right to photograph or video my dependent and use the photo and/or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Parent Signature: _____ Date: _____
Print Name: _____