
All American Basketball Camp Liability Waiver Form

Student-Athlete's Name: _____

Address: _____

City: _____

Zip Code: _____

Parent/Guardian Name: _____

Parent Email Address: _____

Parent/Guardian Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Does the Player Have Asthma? (Circle One) Yes / No

In Case of Emergency, Do You Authorize the Camp Directors to Seek Medical Care?

(Circle One) Yes / No

Physician Name: _____

Physician Phone: _____

LIABILITY WAIVER, RELEASE OF CLAIMS, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

In consideration of the opportunity for my child to participate in the All American Basketball Camp ("Camp"), operated by AllAmericanBasketballCamp, LLC, I, the undersigned parent or legal guardian, on behalf of myself and my child, agree as follows:

1. Assumption of Risk: I acknowledge that participation in athletic activities, including basketball, involves inherent risks which may result in injury, illness, permanent disability, or death. These risks include but are not limited to collisions, falls, equipment failure, weather-related injuries, and acts of negligence by others. I knowingly and voluntarily assume all such risks.

2. Release of Liability: To the fullest extent permitted by law, I waive, release, and discharge AllAmericanBasketballCamp, LLC, its owners, directors, officers, employees, volunteers, agents, and representatives ("Released Parties") from any and all claims, demands, causes of action, or liabilities, known or unknown, for injuries or losses resulting from my child's participation, including any claims based on negligence.

3. Indemnification: I agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, liabilities, and expenses (including attorney's fees) arising out of or related to my child's participation in the Camp.

4. Medical Authorization: I authorize the Camp to administer first aid and to arrange emergency medical treatment if necessary. I understand that I am responsible for all medical expenses. I acknowledge that AllAmericanBasketballCamp, LLC does not provide medical insurance.

5. Photo/Video Release: I give permission for photos or videos of my child taken during camp to be used for marketing and promotional purposes, including but not limited to websites, social media, and printed materials.

6. Governing Law: This agreement shall be governed by the laws of the State of Texas. Any disputes shall be handled exclusively in Fort Bend County, Texas.


BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS.

Parent/Guardian Signature: _____

Date: _____

AllAmericanBasketballCamp, LLC

 3520 FM-723, Rosenberg, TX 77471

 Dwayne Williams – (504) 214-1472

 info@allamericanbc.com
