

HOOP PHI ACADEMY – LIABILITY WAIVER

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to be spread from person-to-person contact. As a result, Illinois and local governments have recommended social distancing and enhanced sanitation procedures. Pure Sweat Basketball, Inc and Basketball Worldwide, Inc have adopted preventative measures to reduce the spread of COVID-19, however, I understand that Pure Sweat Basketball, Inc and Basketball Worldwide, Inc cannot guarantee that I, my family or my child will not become infected with COVID-19.

Print Name: _____

Signature: _____

Date: _____

Liability & Likeness Waiver

I hereby authorize Pure Sweat Basketball, Inc, Basketball Worldwide, Inc and it's representatives to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release the organization from any and all liability for any injuries or illness incurred while at camp. I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the camp program, as outlined above, except for those conditions stated in the "Known Medical Conditions" section below.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or other members of my family, including but not limited to, personal injury, disability and death, illness, damage, loss, claim, liability or expense of any kind ("Claims") that may occur in connection with the activities of Pure Sweat Basketball, Inc and/or Basketball Worldwide, Inc. On my behalf, and on behalf of the members of my family, I hereby release, covenant not to sue, discharge, and hold harmless Pure Sweat Basketball, Inc, Basketball Worldwide, Inc and all of the Directors, Officers, Coaches, Staff and agents from any and all Claims based on the actions, omissions, or negligence of

I hereby grant Pure Sweat Basketball, Inc permission to publish and release information about the above-named minor, including his/her photograph, video, and/or audio, to the

news media (including his/her hometown newspaper). I hereby grant Pure Sweat Basketball, Inc permission to use the above-named minor's name, photograph, picture, portrait, appearance, likeness, voice, audio sound, video image, quotations, comments and/or endorsements made in connection with promoting or publicizing Pure Sweat Basketball, Inc in any and all of its publications and in any and all other forms of media, whether print or electronic, including websites, whether now known or hereafter existing, in perpetuity, and for other use and copyright by Pure Sweat Basketball, Inc in its sole discretion.

I hereby waive the right to inspect and/or approve the finished photographs, video, and/or audio or to approve their use. I shall make no monetary or other claims against Pure Sweat Basketball, Inc for its use of photographs, video recordings, and/or audio recordings of the above-named minor in any form whatsoever.

I also certify that I am the legal parent or guardian of the above-named minor and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

1. Known Medical Conditions (if none, write None): *

Print Name: _____

Signature: _____

Date: _____