



WAIVER

CONSENT TO MEDICAL TREATMENT & RELEASE OF LIABILITY

In consideration of being allowed to participate in any Hoops on Mission activity (also known as tournaments, camps, events, sports clinics) and by checking the box associated with this form on www.hoopsonmission.org, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Hoops on Mission run by Dwayne Jackson and/or its staff, members, agents, employees, volunteers, representatives, successors, and assignees of and from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, or otherwise, while participating in this activity, or while in, on or upon the premises where the activity is being conducted. To the best of my knowledge, I/my child am/is in good physical condition, and I am not aware of any physical infirmity which would place my child at risk at participate in any way with Hoops on Mission activity. I am aware of the risks and hazards connected with the activity. During the period of the activity, I hereby give permission for the staff of Hoops on Mission run by Dwayne Jackson to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.