



BasketBall City

Youth Programs 2021



Waiver and Release

I understand that any participant who does not abide by the rules and regulations promulgated by the program are subject to dismissal without reimbursement or recourse. No participant will be allowed to leave the facility for any reason (other than a medical emergency or if they have signed permission) until the completion of each camp day. I hereby authorize the Director of the BasketBall City Youth Programs to act for me according to his/her best judgment in any emergency requiring medical attention. I hereby release and discharge Hunter College, the Camp staff, BasketBall City and affiliated entities and their officers, agents and employees from and against any and all liability or causes of actions arising out of or in connection with my participation in any youth programming.

I hereby grant permission to BasketBall City, and its employees and representatives to photograph my image, likeness, or depiction and/or that of my minor children. I hereby grant permission to the BasketBall City to edit, crop, or retouch such photographs, and waive any right to inspect the final photographs. I hereby consent to and permit photographs of me and/or those of my minor children to be used by BasketBall City, including educational and advertisement purposes, and in any medium, including print and electronic. I understand that BasketBall City may use such photographs with or without associating names thereto. I further waive any claim for compensation of any kind for BasketBall City's use or publication of photographs of me and/or those of my minor children.

Refund Policy: Due to the long-term planning involved with each program, all sales are final and no refunds will be issued. If you cancel with at least 4 weeks' notice, you will receive a BasketBall City credit, less a \$75 administrative fee, that can be used for any BasketBall City program or merchandise for up to 12 months.

Participant Name: _____

Parent/Guardian Print Name: _____

Signature: _____

Date: _____

Please note that only **one** of these release forms and only **one** medical form must be completed even if the participant is attending multiple weeks of camp

Basketball City
Assumption of Risk Agreement

In consideration of being permitted to enter Basketball City New York, LLC (“Basketball City”) now or at any time in the future, and / or participate in any program, game, function, contest, competition, related event or activity, operated, arranged, or organized by Basketball City. I, the undersigned, shall do so at my own risk. I further acknowledge and agree that:

1. The risk of injury from the activities involved in this program may be significant
2. I knowingly and freely assume all risks, both known and unknown, even if arising from the negligence of the Releasees (defined below) or others and assume full responsibility for my participation.
3. I willingly agree to comply with the terms and conditions for my participation. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. I, for myself and on behalf of my heirs, assignees, personal representatives, and next of kin, hereby release indemnify and hold harmless Basketball City, its affiliates, officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event (“Releasees”) from any and all claims, demands, losses, and liability arising out of or related to an injury, disability or death I may suffer, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I understand that the CDC has published the following as symptoms of COVID-19: Fever, cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, sore throat, new loss of taste or smell, etc. I have not experienced any of the COVID-19 symptoms in the past 14 days.

The following statements are true for anyone entering Basketball City, that no members of our household:

- are currently experiencing any of the above symptoms.
- have been diagnosed with COVID-19 in the past 30 days.
- have knowingly been exposed to anyone with COVID-19 within the past 14 days.
- have traveled outside of the country or to/from any COVID-19 ‘hot spots’ within the past 14 days.

I also acknowledge the following:

- A person can unintentionally spread COVID-19 to others even if they do not feel sick or have symptoms.
- Masks are meant to reduce the possibility of spreading the virus when infection is known or unknown; they do not block the virus.
- I understand and acknowledge that Basketball City cannot completely control the spread of COVID-19 and I have chosen to enter the facility with full knowledge of the risk of contracting COVID-19 when social distancing is not observed.

By signing below, I agree that to the fullest extent allowed by law, I accept all possible risks and will hold Basketball City, its owners, members, officers, affiliates and employees harmless from any claims due to exposure to or contracting of COVID-19.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

_____	_____	_____		
Signature	Name (Print)	DOB		
Date				
_____	_____	_____	_____	_____
Address	City	State	Zip	
Code				
_____	_____			
Email	Cell Phone			

For Parents/Guardians of Participant of Minor Age
(Under the age of 18 at the time of registration)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all of the Releasees, and, for myself, my heirs, assignees, and next of kin, release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided herein, even if arising from the negligence of the Releasees, to the fullest extent permitted by law.

_____	_____	_____		
Signature	Name (Print)			
Date				
_____	_____	_____	_____	_____
Address	City	State	Zip	
Code				
_____	_____			
Email	Cell Phone			