

Advantage Basketball Camps

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Advantage Basketball Medical Release Waiver

WAIVER, RELEASE, ASSUMPTION OF RISK

I understand that my participation in AAU, Hummel Enterprises Inc., or Advantage Basketball involves risk and dangers of serious and permanent bodily injury, concussion, and/or death. (In accordance with RCW 28A.600.190, concussion injuries must be properly managed by a physician, and that an athlete who suffers any head injury must be evaluated by a licensed health care provider who must issue written clearance before that athlete will be allowed to return to camp.) I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue AAU, Hummel Enterprises Inc, Advantage Basketball, Michael Hummel, Washington Girls Basketball Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities. I also understand Hummel Enterprises Inc., Advantage Basketball, or Washington Girls Select Basketball retains the right to use for publicity and advertising, photographs and video taken of the participants.

I give my daughter/son permission to participate in the Advantage Basketball events, and I certify that she/he is in good health and can take part in all camp activities. If an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the camp personnel to take action.

Participant's name: _____

Parent / guardian signature: _____

Home phone: _____

Cell phone: _____

Work phone: _____

**Bring this signed form to the first day of camp. (DO NOT MAIL IT)
Each camper must have a signed copy with them at camp.**