

Q-Ball Hoops School

**Basketball Fundamentals/Skills Training

www.qballhoops.org

PARTICIPATION WAIVER / PERMISSION SLIP

I give permission for my child to participate in the Q-Ball Hoops School program. I agree that my child will abide by all rules relating to the operation and conduct of the program and the use of the facilities provided for the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless Q-Ball hoops School, and their respective agents and/or representatives from any and all liability occurring as a result of her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I hereby agree to release Q-Ball hoops School from such liability.

The undersigned has read and voluntarily signed this waiver / permission slip.

Participant Name (print) _____

Date of Birth _____

Parent / Guardian Name (print) _____

Signature _____