



Platteview Girls Basketball Camp

June 1st-2nd, 2021

Platteview High school

3rd-5th grades: 9:00-10:30am

6th-8th grades: 10:30am-12:00pm

Questions? Contact Coach Wood

Email: gwood@springfieldplatteview.org

Phone: 402- 339-3606

Twitter: @PlatteviewGBB

Cost: \$40

Payments received by May 24th: T-Shirt guaranteed

Payments after May 24th or day of: T-shirt not guaranteed

- **I will order a few extra T-shirts just in case. If after May 24th, pay the day of the camp.**

Checks payable to:

Platteview HS (memo section: Girls Basketball Camp)

Drop off or mail to:

Platteview HS (% Coach Wood)

14801 S. 108th Street

Springfield, NE 68059

Athlete's Name: _____

School: _____

2021/2022 Grade: _____

T-Shirt Size: _____ (Youth: S, M, L, XL, Adult: S, M, L, XL)

Parent Name: _____

Parent Phone: _____

Parent Email: _____

*Liability waiver must be filled out completely in order to participate in camp.

Parent Signature

Date

ACKNOWLEDGMENT, WAIVER, RELEASE OF LIABILITY, and INDEMNIFICATION AGREEMENT FOR USE OF SCHOOL FACILITY FOR SUMMER CONDITIONING

I am the parent of the student identified below, who will be enrolled in the school district during the 2020-21 school year. My student has signed up to participate in the high school's summer sports camps, individual skills work, open gyms, or any other activity at the high school. My child has my permission to participate in the program(s) and I understand that the following conditions apply to his/her participation:

Acknowledgment of Activity and Assumption of Risks. I understand that participating in physical fitness exercises, athletics, endurance training, cardiovascular training, including without limitation any use of or presence in or near a gymnasium, and all other activities associated with a camp or open gym in or around the School District's facilities and/or in relation to any School District activities (collectively, the "Activities") involve inherent risks. I, for myself and for my Student, understand, acknowledge, and agree that my student's participation in the Activities may subject my Student to an increased risk of being exposed to, being infected with, and suffering from communicable diseases such as the novel coronavirus and COVID-19, including without limitation all attendant bodily injuries and sickness up to and including death, and that my student's participation in the Activities may be dangerous, strenuous, hazardous, and/or present risks to my Student's health. I understand that participation in the Activities involves certain inherent risks and that, regardless of the precautions taken by the School District or the participants, including without limitation following the recommendations of federal, state, and local health officials, such as those of the Center for Disease Control and others, some bodily injury and/or disease may occur. These injuries include but are not limited to burns, cuts and lacerations, eye injuries, loss of hearing, muscle strain, sprains, dislocated joints, broken bones, back injury, head injury, contraction of infectious disease, or other bodily injuries that could result in disease, sickness, suffering, permanent disability, quadriplegia, and even death. These injuries may result from hazards such, as but not limited to, stepping on uneven ground, lifting or carrying objects, being struck by failing equipment and/or objects, being burned, catching fire, colliding with fellow participants and/or spectators, being exposed to communicable diseases, contracting communicable diseases, suffering from symptoms of communicable diseases, and/or other injuries. I have discussed these risks with my Student and he or she is fully informed of the inherent risks, and all potential consequences of the same. I, for myself and my Student, hereby assume the risk of any and all such injuries that may occur as a result of Student's participation in the Activities.

Declaration. I declare that Student is in good physical condition and suffering from no condition, impairment, ailment, or other illness that would prevent my Student from fully participating in the Activities. I acknowledge that my Student has either had a physical examination and has specifically been given permission by his or her physician to engage in the Activities at this time or that my Student and I have decided that Student will participate in the Activities without the express approval of a physician and we each do hereby assume all responsibility for such decisions.

Release of Liability, Waiver, and Indemnification. In consideration of permission granted by the School District for Student to participate in the Activities, I do hereby waive, release, and forever discharge the School District, its board of education, officers,

agents, employees, volunteers, coaches, sponsors, insurers, legal counsel, and representatives (the "Released Parties") from any and all claims, including without limitation any and all demands, rights, lawsuits, actions, cross-claims, counterclaims, third-party actions, liens, damages, debts, obligations, exemplary damages, consequential damages, punitive damages, liabilities, losses, expenses, and causes of action (hereinafter, "Claims") that I, my Student, or one of our heirs, executors, administrators, or assigns may have against the Released Parties for all damages whatsoever, including without limitation any and all bodily injuries or loss of property which result from Student's participation in the Activities, whether such injuries are caused by my negligence or the negligence of one or more of the Released Parties. Further, and without affecting the release and waiver stated herein, I agree to hold harmless, defend, and indemnify the Released Parties against any and all Claims that arise out of, are related to, or are in connection with Student's participation in the Activities. I also agree to pay for any costs, attorney fees, or awards that may result from resisting any complaint or lawsuit that my Student or I bring against one or more of the Released Parties for any injury or loss my Student or I claim to have suffered.

Expectation to Comply with Instructions and Directives. I understand my Student is expected to follow all instructions given to him/her by the adults who will be supervising the summer conditioning, camps, and other sports or activities, including but not limited to complying with all directives and guidelines suggested by the Centers for Disease Control and local health authorities. I have reviewed those guidelines with my son/daughter.

I, the undersigned, and my Student have read this Acknowledgment, Waiver, and Release and understand all its terms. I, for myself and on behalf of my Student, execute it voluntarily and with full knowledge of its significance. **I UNDERSTAND THAT IT CONTAINS A RELEASE OF LIABILITY, WAIVER, AND AN INDEMNIFICATION AND THAT I SHOULD READ IT CAREFULLY BEFORE SIGNING.** I knowingly, voluntarily, and fully informed hereby give my permission for Student to participate in the Activities.

STUDENT'S NAME: _____ ("Student")

Parent's Name: _____ Parent's Phone #: _____

Parent's Email Address: _____

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____