

Elite Starr Athletic Academy

Crofton Boys Basketball Camp June 26

Crofton Youth Basketball Camp Registration Date: June 26 - 29 Time: 8:00am - Noon Ages: 7 yr olds - Incoming 9th graders Gender: Males Location: Crofton High School Gymnasium Cost: \$175.00	Mailing Address: Elite Starr Athletic Academy, LLC PO BOX 3755 Crofton, MD 21114
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Participant Information

First Name	Last Name
Gender	Birth Date
Grade for upcoming school year	

Address

Address 1	Address 2
City	State
Zip Code	

Parent/Guardian Information

Parent First Name	Parent Last Name
Home Phone	
Cell Phone	Work Phone
Email	

Emergency Contact

Emergency Contact First Name	Emergency Contact Last Name
Emergency Contact Phone	

Waivers

<u>ACKNOWLEDGEMENT, WAIVER, AND RELEASE OF LIABILITY</u> In consideration of Elite Starr Athletic Academy, LLC accepting me/my child(ren) into their programs, I agree to release and discharge Elite Starr Athletic Academy, LLC, it's employees and it's agents from any injuries sustained by me/my child(ren) as a result of participation in any of their programs. I agree to indemnify and hold harmless Elite Starr Athletic Academy, LLC, its employees and its' agents against any liability incurred as a result of such injury or loss. It is understood and agreed that Elite Starr Athletic Academy, LLC, its employees and its' agents cannot be responsible for any aggravation or injury caused as a result of a pre-existing condition, including, but not limited to, allergies. Elite Starr Athletic Academy, LLC will be notified of any such conditions in writing prior to any participation in any of their programs. I Acknowledge (Please Sign):
<u>PHOTOGRAPHY WAIVER</u> Participants may, at some time, be photographed for use by Elite Starr Athletic Academy, LLC for publicity purposes. I Acknowledge (Please Sign):
<u>PROGRAM ADJUSTMENTS</u> Elite Starr Athletic Academy reserves the right to cancel or alter programs that do not meet our registration requirements.

I Acknowledge (Please Sign):

Elite Starr Athletic Academy Waiver/Release for Injury, Loss & Communicable Diseases including COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to voluntarily participate in a Elite Starr Athletic Academy program and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** Anne Arundel County Parks and Recreation, Elite Starr Athletic Academy, their officers, officials, coaches, members, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), while participating in activities of any kind whether sponsored by or under the supervision of the aforementioned entities and with respect to any and all illness, disability, death, or loss or damage to person or property, whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

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.

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE**, to the fullest extent provided by law. I also certify that I will screen my child before each program/activity, and I verify that my child does not show any symptoms of aforementioned diseases.

I Acknowledge (Please Sign):