



**Parent Permission Form, Liability Waiver and Release, and
Authorization for Medical/ Dental Treatment**

I, the undersigned, the parent and/or legal guardian of _____ ("Player") acknowledge that the player is receiving valuable instruction and playing games through his involvement with Flight 22 Basketball Team Camp. In consideration thereof, I hereby grant permission for the player, my son or daughter, to participate in the Flight 22 Team Camp.

I recognize the fact that basketball is a contact sport and that serious injuries can and do occur. I accept full responsibility for any injuries that may occur to the player, my son or daughter, as a result of his/her participation. I waive any and all liability against Flight 22 Basketball LLC, including, but not limited to Flight 22, its officers, board of directors, employees, coaches, trainers, volunteers, affiliated organizations, sponsors, vendors, suppliers, and any school, school district, owners or operators of any facility utilized by Flight 22, and hereby release and discharge the same from any claim, loss, injury, cost, damage or expense incurred by or on behalf of the player as a result of the player's participation in the Flight 22 LLC program. I hereby further agree to indemnify and hold harmless all of the above organizations, officers, board of directors, employees, coaches, trainers, volunteers, sponsors, vendors, suppliers, and any school, school district, owners or operators of any facility utilized by Flight 22 for and from any judgment awarded, attorney fees, and any other expenses with respect to any claims, loss, damage or expense which may be sought by or on behalf of the player or his family or guardian.

I, the undersigned, the parent or guardian of the Player, hereby grant permission for Flight 22, its coaches and/or event trainers to authorize medical or dental treatment for the player by any available and qualified physician, dentist or other trained medical personnel. In addition, this permission extends to and includes authorization for emergency treatments, procedures, and surgeries for the player. Furthermore, on-going medical treatment is authorized until such time, as the undersigned shall dismiss these physicians, dentists or medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital facility if the attending physician deems it necessary. The permission for participation and authorization for medical treatment is effective for thirteen (13) months from the date of my signature hereto ("Participation Period"). The waiver and release of liability for causes of action arising under or related to the Participation Period continues into perpetuity.

I understand that participation is done in accordance with the acceptance of this permission, authorization, release, and waiver.

Hoggard High School

School Name/Team Name

Parent/Guardian

Date

Player

Date