325 Sheckler Road Fallon, NV 89406 (775) 423-7733 (775) 423-7734 Fax

HOLD HARMLESS AGREEMENT

In Consideration of My *Child's* (Age 17 and Under) Participation In The ***Basketball Program*** Being Offered by Churchill County

I, _____, do hereby give permission for my child, to participate in the
(Printed Name of Parent/Guardian)
Churchill County **Youth Basketball Program**. I agree to hold Churchill County and all those instructors, volunteers, employees, and assistants on the **Youth Basketball Program**, harmless and free of all liabilities or suits, claims, or demands of every kind or character arising out of and in connection with the program provided by Churchill County. I acknowledge that this program includes physical activities that may carry with it the potential of serious injury and/or minor injury. The risks include, but are not limited to, those caused by physical contact between participants, facilities, and environments. I further certify that my child has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

Photo Release. I also understand that due to the nature of this program I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement I authorize the use of any photos or video taken during this program.

☐ **Refuse** ☐ **Agree** _____ **Initials**

In case of an emergency, accident or serious illness, I request that I be contacted, if possible. If I cannot be reached within a very few minutes, I hereby authorize Churchill County and the **Youth Basketball Program** Representative to make whatever arrangements deemed necessary for medical assistance. I agree to pay for such medical care.

SPECIAL NOTE: Please have proof of your child's grade available incase of a challenge or protest.

Printed Name of Participant:	Team Name:	Age:	Grade:	Gender: M F	Adult Shirt Size: (Circle One) XS S M L XL 2X 3X
Mailing Address:	City:	Zip:	Home Phone:		

_____ _____

Parent/Guardian's Signature Date Parent/Guardian's Day Phone

Parent/Guardian's email address (optional):

In case of an emergency, and Parent/Guardian can not be reached, please contact:

_____ _____

Name Home Phone Day Phone

Updated: 1/2014