TRAIN · DEVELOP · EDUCATE

UNIVERSITY

BASKETBALL

PARENT PERMISSION FORM, LIABILITY WAIVER AND RELEASE, AND AUTHORIZATION FOR MEDICAL/DENTAL TREATMENT

I, the undersigned, the parent and/or legal guardian of (if Player is a minor), or the person (if Player is age of majority),

_____ (Player) hereby grant permission for university heat llc, its officers, employees, coaches, and 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/medical personnel in writing and have engaged another qualified physician. This permission and authorization includes admission to a hospital or medical facility if the attending physician deems it necessary.

I understand that monies paid and donated to university heat llc are non-refundable. I understand that participation in the university heat Program is done in accordance with the acceptance of this permission, authorization, release, and waiver. The waiver and release of liability for causes of action arising under or related to the Participation Period continue into perpetuity.

I understand that participation in University Heat basketball events and basketball related events involves risk and dangers of serious and permanent bodily injury and death. I hereby release, hold harmless, discharge and agree not to sue university heat llc its directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/leasers of premises for all liability from my participation in these and any other related travel, lodging, social and recreational activities.

I have given my daughter/son permission to participate in the university heat Basketball events, and I certify that she/he is in good health has been cleared by a physician and can take part in all physical activities not limited to but including training, practices, and games. I am aware of all laws, rules, and safety procedures regarding head concussions. If an injury occurs, I authorize the camp staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action. If a events canceled by university heat Basketball due to inclement weather or other reasons a credit will be issued toward a rescheduled or future event and not a refund. I also understand university heat llc. retains the right to use for publicity and advertising, photographs and video taken of the participants and this may appear on their websites or in other forms of media advertising promotion fliers.

I hereby agree to pay to University Heat LLC. the sum of $_____ based on the payment plan selected for my athlete I understand that due to limited enrollment in this program, I am responsible for payment of the full amount set forth in this agreement, regardless of whether my son/ daughter participates in the HEAT'S BASKETBALL program

A late fee of $25 will be added if payment is not made by the 10th of the month, that fee increases to $50 if not paid by the 15th.

PARENT/GUARDIAN NAME_____ _____ _____ DATE_____

PARENT SIGNATURE_____ DATE_____