

YOU MUST PRINT, COMPLETE FORM & BRING TO EVENT

YOUTH WAIVER FORM

Organization: Express Yourself Sports Merchandise, LP (EYSM)

Child's Name(s): _____

Parent's or Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Home) _____ (Cell or Business) _____

Emergency Contact Name & Phone: _____

Please read the following agreement and sign below.

Assumption of Risk:

In connection with my child(ren) or wards' voluntary involvement in activities undertaken for, and with the participation and support of EYSM, sponsor of the Byron Scott Basketball Camp, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge EYSM, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my child(ren) or wards' person and/or property as a result of his/her involvement in such activities, whether or not resulting from negligence, and I agree to release and hold EYSM, its officers and directors, employees, agents and volunteers harmless from any cause or action, claim, or suit arising therewith.

The undersigned is aware of and acknowledges the serious risks from COVID-19. I have read and understood the above warning concerning COVID-19. I hereby choose to accept the risk of contracting and/or spreading COVID-19 for myself and/or my child(ren) in order to be allowed to enter into and utilize Morningside High School's facilities. The use of these facilities is of such value to me and/or to my child(ren) that I accept the risk of being exposed to, contracting, and/or spreading COVID-19 in order to enter into and or utilize Morningside High School's facilities.

I hereby attest that attendance and involvement in such activities is voluntary, that for myself and/or my child(ren) is participating at his/her own risk, and that I have read the foregoing terms and conditions of this release. Furthermore, I hereby grant permission for photographs, video and quotations from my child(ren) or ward during his/her involvement with the Byron Scott Basketball Camp to be used to further promote future events and volunteerism. I further acknowledge that any use of Name, Image or Likeness (NIL) of Byron Scott, or any person affiliated to EYSM is not allowed unless express permission is granted in writing.

Permission

I hereby give permission to my child(ren) or ward to participate in all activities in the program of the Byron Scott Basketball Camp expressly and specifically acknowledging that those activities may include, but may not be limited to basketball drills, coached activities, and basketball games. I also give EYSM permission to take my child(ren) or ward to the hospital in case of any emergency and to administer medication that I provide for my child(ren). I further attest that my child(ren) or ward has no allergies or special medical needs other than those listed below:

Parent/Guardian's signature required

Date