



ELEVATE Basketball INC.

Which of the following ELEVATE events is this waiver pertaining to? Please check one:

- Hoops Nights Club Teams Spring Break Camp Rising Stars Camp
- ELITE Camp PURE Shooting Camp Private Training

Dear Coaches:

I request that my child _____ be able to participate in the above event.

In the event of an emergency when a family member cannot be contacted at home, please try to reach one of the following emergency contacts:

- I acknowledge that participating in athletics and recreation activities involves risk or personal injury in consideration of the use of facilities, premises, and equipment of R.E Mountain Secondary School, White Rock Christian Academy, Clayton Heights, Semiahmoo Secondary School (and all locations) and Elevate Basketball Inc. staff by my child for athletics and/or recreation activities. I accept that risk on behalf of my child regardless of the nature of the injury. I agree and understand that the schools and Elevate Basketball Inc. staff, its officers, employees, agents, and representatives shall not be liable for any personal injury, death, loss of property, or damage as a result of my child's participation in athletics and/or recreation activities at the schools and/or Elevate Basketball Inc. staff, whether caused directly or indirectly by the fault or negligence of the schools and Elevate Basketball Inc. staff, its officers, employees, agents, or representatives or otherwise. I hereby release, indemnify, and hold harmless the schools and Elevate Basketball Inc. staff, its officers, employees, agents, or representatives of and from all claims, cause of action, costs, expenses or demands which myself, my child, my heirs, executors, administrators, or assigns may have with respect to any such injury, death, loss, or damage. I confirm I have read, understood, and accept the above conditions.

- I acknowledge that I have read the refund policy on Elevate Basketball Inc. website and comply to its contents.

- By signing this document, I fully understand/abide by and confirm my registration payment and will not request refund through my bank, credit card company, or PayPal.

- In accordance with the *Freedom of Information and Protection of Privacy Act*, Elevate Basketball Inc. requires consent to use a child's full name or photograph/video on websites accessible to the general public. Therefore, your permission is requested to post your child's full name, photograph or video of your child.

Yes, as the parent or guardian of the child named below, I give my consent to the publication of his name and/or photo or video.

No, as the parent or guardian of the child named below, I give my consent to the publication of his name and/or photo or video.

_____	Signature	Home Phone #:	<input style="width: 100%; height: 20px;" type="text"/>
_____	Print Parent/Guardian Name	Email:	<input style="width: 100%; height: 20px;" type="text"/>
_____	Print Child Name	Date:	<input style="width: 100%; height: 20px;" type="text"/>