



**Windermere Basketball Academy, LLC Program Registration**

**Adult Registrant or Parent/Guardian Name** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Program Name	Participant(s)	Sex	Age	Membership Type

**Any accommodations or anything in accordance with the Americans with Disabilities Acts? Y / N**

**Sign the Waiver** (Participation will be denied if signature of adult and date are not on waiver)

**PARTICIPANT HOLD HARMLESS:** I (we) hereby release, hold harmless and indemnify Windermere Basketball Academy, LLC and any of their directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of the premises used to conduct the event from any and all liability, damages, costs, expenses claims and settlements, including, but no limited to attorney's fees arising out of the use of the facilities during my (our) participation in the programs or events of Windermere Basketball Academy, LLC or in connection with or growing out of the treatment or care from nurses, doctors, hospitals or other medical units for any and all injuries I (we) sustain while using any equipment of or participating in any activity sponsored by Windermere Basketball Academy, LLC. I (we) understand that the Windermere Basketball Academy, LLC may use photographs, digital images and/or videotape of participants and spectators to publicize and promote recreational opportunities for Windermere Basketball Academy, LLC.

I, as the adult registrant or as the parent and/or legal guardian of the participant(s) stated above, am giving authorization to for myself and/or my daughter/son to participate in Windermere Basketball Academy, LLC programs and I certify that I, and/or he/she is in good health and can take part in all activities. I fully understand that participation in the Windermere Basketball Academy, LLC may involve serious risks and danger that may result in harm, bodily injury and death. While particular rules, equipment, and personal discipline may reduce the risk, I acknowledge the risk of serious injury does exist.

In the event of an emergency or an injury occurs, I authorize Windermere Basketball Academy, LLC 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.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENTS.**

Printed Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

<p><b>Office Use Only</b> Total Fees Collected: \$ _____ Staff Initials: _____ Notes: _____ Processed by: _____ Date: _____</p>
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