

BRANHAM HOCKEY CAMPS

P.O. Box 6161 Wyomissing, PA 19610

MEDICAL CONDITIONS

Please fill in the blank spaces below. If your child has any medical conditions, we need to be aware of them. Write N/A if not applicable. If there are areas in which you have already made us aware of, please complete again. You can never be too safe. Thank You!

My child, _____, attending Branham Hockey Camps during the week of _____, 2012 has the following medical condition(s) that should be brought to your attention (please note standard procedure to cope with condition):

My child has the necessary medication and/or equipment to cope with this condition on his/her persons. YES NO

Insurance Company Name: _____

Account Number: _____

Emergency Contact and #: _____

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MEDIA RELEASE

I hereby grant *Branham Hockey Camps* the **right and permission** to copyright and/or use, reuse, publish, and/or republish photographic images, digital images, videotape, or pictures of my child during the Branham Hockey Camps in 2012 for advertising and promotional purposes. I hereby release, discharge, and agree to hold harmless Branham Hockey Camps from any liability resulting from the use of the above-mentioned photography, videotape, digital image or other use of my child's name or image. I understand I will have no control over the manner of use of the materials produced and hereby waive any right to pre-approve or inspect materials prior to distribution.

Child's Name

Date

Parent's Name

Signature

I **decline to give permission** for any photograph, digital image, videotape, or other pictures to be used for promotional purposes by the entities named above.

Child's Name

Date

Parent's Name

Signature

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INFORMATION REQUEST

Please assist us in completing our records by providing thorough information. The following information is for camp purposes only. Thank you.

Player Name: _____

Parent's Name: _____

Emergency Contact: _____

Emergency Contact #: _____

Home Phone: _____

Work & Cell Phone: _____

Address: _____

City/State/Zip: _____

Email: _____

Gender: _____

Date of birth: _____

Position: _____

Team: _____

Level next season 2012-2013: _____

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RELEASE AND WAIVER OF LIABILITY/INDEMNITY AGREEMENT

I understand and agree, on behalf of myself, my minor child/ward, my heirs, assigns personal representatives and next of kin that my participation and execution of this document constitutes:

1. An unqualified assumption of all risks associated with participation in this program by my minor child/ward or me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the program organizer and any persons associated therewith or participation therein, and
2. A full and final release and waiver of liability of the program organizer and all persons and organizations associated with it and the program including, without limiting the generality of the foregoing, its officers, directors, officials, agents, and/or employees, other participants, sponsors, advertisers, owners and/or lessors of the premises used to conduct the program, sanctioning bodies, medical or rescue personnel (the releasees), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. An understanding not to sue the releasees for any loss, injury, costs or damages of any form or type, however caused or arising, and whether directly or indirectly from the participation of my minor child/ward in the program.
4. An agreement to indemnify, and to save and hold harmless the releasees, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claims made against them or any one of them whether the claim is based on the negligence or the gross negligence of the releasees or otherwise.

I have read this document thoroughly. I understand that the releasees are relying upon my warranties, assumptions waiver and release, undertakings and agreements when accepting my minor child/ward participation in the program. I understand that by signing this document I give up substantial legal rights I and/or my minor child/ward would otherwise have. I sign this document voluntarily and without inducement.

Participant (please print)

Date

Parent/Guardian (please print)

Signature of Parent/Guardian