



SUMMER
381 Fetherman Road
Stroudsburg, Pa 18360
(570) 992-6343 (570) 992-5387 fax

Off-season
1930 Heck Ave., Bldg 3
Neptune, NJ 07753
(732) 502-2255 Fax (732) 502-9636

Hoop Group Skills Camp Injury Waiver and General Release

MUST BE RETURNED AT CHECK-IN 1st Day of Camp Registration

As a participant in the Pocono Invitational Basketball Camp ("The Camp"), I acknowledge that participation in the camp exposes me to a possible risk of personal injury. I, hereby release The Pocono Invitational Basketball Camp, The Hoop Group and any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates from any and all liability for property damage, personal injuries or other claims arising from or in connection with my participation in the camp, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I covenant that I will not now or at any time in the future, directly or indirectly, commence or prosecute any action, suit or other proceeding against The Pocono Invitational Basketball Camp, The Hoop Group and any of its officers, directors, employees, agents, licensees, subsidiaries, consultants, independent contractors and affiliates, arising out of or relating to the actions, causes of action, claims and demands hereby waived, released and discharged by me.

I acknowledge that I have read and fully understand this Injury Waiver and General Release Form. This agreement will be binding on me, my spouse, my children, my legal representatives and my heirs, successors and assigns.

DATE: _____ PARTICIPANT: _____
Signature

Printed Name

The undersigned ("Parent"), parent of _____ ("Subject"), hereby consent to affirm, and, on behalf of subject, agree to be bounds by the Injury Waiver and General Release Form attached hereto which has been signed by subject. Parents also represent, warrant and agree that Parents (is) (are) entitled to the care and custody of Subject and (is) (are) Subject's legal guardian(s); that during the minority of Subject and for a reasonable time afterwards, Parents will use all reasonable efforts to prevent Subject from attempting to or actually disaffirming the Injury Waiver and General Release Form signed by Subject; that Parents hereby acknowledge that Parents have read the Injury Waiver and General Release Form and are satisfied that it is fair and equitable for the benefit of Subject: and that Parents will not revoke this consent and approval.

DATE: _____ PARENT: _____
Signature

Printed Name