

Please Read And Sign The Following Statement:

I recognize there are inherent risks involved in this sport activity. In consideration of the services provided, I hereby release and hold harmless Milton High School, Nike, GBCCF, Score Atlanta Magazine, Jr. NBA & Jr. WNBA, LEG Sports, Fulton County, Atlanta Hawks, Crest, Gatorade, Little Azio, All State Insurance, Anytime Fitness, Hoops City Basketball, Inc., and Halftime Sports, its directors, employees and agents from any and all liability for injuries, including those resulting in death, and illnesses incurred while attending the sessions or occurring as a result of having attended the basketball sessions. I certify that my child is in good health and is able to participate in all programs activities. Furthermore, in the event of an emergency requiring medical attention, I shall pay for the services rendered.

Please indicate Check number(if applicable) _____

Amount of Check(if applicable) _____

Signature of Parent/Guardian