



ASSUMPTION OF RISK PARTICIPATION AGREEMENT

I, THE UNDERSIGNED, AM THE LEGAL GUARDIAN OF _____ (FULL NAME OF CHILD), AND IN CONSIDERATION OF his/her participation in a basketball activity in connection with PROJECT TRIPLE THREAT (PTT) AAU PARTICIPATION, SKILLS TRAINING, CAMPS AND CLINICS, to be held March 1-December 31, 2020, at Choate Rosemary Hall, Wallingford Parks & Recreation complex, and other select location and tournaments, I, THE UNDERSIGNED, am fully aware of the dangers, risks and hazards inherently involved with all physical activities to which my child may be exposed during his/her participation. Therefore, I THE UNDERSIGNED, hereby agree to assume all risks and responsibilities surrounding or in any way involving my child's participation including all inherent risks, dangers or conditions, involved with his/her participation during this activity.

I CONFIRM that my child has had recent medical exams and is in good health to participate in this program. I understand that in the event of serious illness or injury, first aid or other medical care will be given to my child and I will be notified. I give my permission for such care and I certify that a medical insurance program covers the participant. PROJECT TRIPLE THREAT (PTT), its employees, directors, officers, employees and/or agents; Choate Rosemary Hall, its employees, directors, officers, employees and/or agents; Wallingford Parks & Recreation dept., its employees, directors, officers, employees and/or agents, will not provide payment for any medical, dental, hospital or laboratory fees due to injury incurred while participating in this program.

I FUTHER AGREE for myself, and on behalf of my heirs and assigns, by signing below, to indemnify, hold harmless, release and forever discharge PROJECT TRIPLE THREAT (PTT), its employees, directors, officers, employees and/or agents; Choate Rosemary Hall, its employees, directors, officers, employees and/or agents; Wallingford Parks & Recreation dept., its employees, directors, officers, employees and/or agents, from and against any and all claims, demands, and causes of action on account of damage to personal property, personal injury, or bodily injury, which may result from my child's participation in his/her involvement during the basketball activity that may arise from causes beyond control or without negligence of PROJECT TRIPLE THREAT (PTT), its employees, directors, officers, employees and/or agents; Choate Rosemary Hall, its employees, directors, officers, employees and/or agents; Wallingford Parks & Recreation dept., its employees, directors, officers, employees and/or agents.

I ACKNOWLEDGE THAT I HAVE READ THIS ENTIRE DOCUMENT, UNDERSTAND ITS CONTENTS AND AGREE TO ITS TERMS.

Signature of Parent/Legal Guardian: _____

Printed Name: _____ Date: _____

Emergency Name and Phone #: _____

Name of Medical Insurance Co.: _____