



Medical Release Form

ICS/Inner Circle Sports, Inc.

10600 S. Penn Ave; Suite 16 PMB-384; OKC, OK 73170

Phone: 405.708.8117 Email: Teamicsports@gmail.com

Website: www.teamicsports.com

ICS Release Waiver, RELEASE, ASSUMPTION OF RISK

I understand that my participation in ICS or Champion of the Court Camps/Clinics, events AAU and/or Oklahoma Thoroughbreds and/or OKL. Ponies traveling basketball teams involves risk and dangers of serious and permanent bodily injury and/or death.

I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to pursue legal action against AAU, ICS, Champion of the Court, Oklahoma Thoroughbreds, Advantage Basketball, ICS Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers or the Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities.

I also understand Inner Circle Sports (ICS), and all the mentioned above, retains the right to use for publicity and advertising, photographs and video taken of the participants.

With this Medical Release, I have given my daughter/son permission to participate in the ICS events or teams, and I certify that she/he is in good health and can take part in all camp and/or training activities. If an injury occurs, I authorize the camp staff 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. In case of an emergency, I authorize the personnel to take action.

Athlete's Name: _____

Athlete's Date of birth: _____

Parent/Guardian signature: _____

Email Address: _____

Home phone #: _____

Cell phone #: _____ Work Ph: _____

THIS FORM MUST BE COMPLETED AND TURNED IN ON THE FIRST DAY OF CAMP