



CHARLES COUNTY SHERIFFS OFFICE 2<sup>ND</sup> ANNUAL  
FREE BASKETBALL CLINIC

**PARENTAL CONSENT**

PARTICIPANT'S NAME: \_\_\_\_\_ AGE \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) verify that the above listed participant's name and age are correctly stated and that I have read the liability waiver/consent. I hereby give permission for \_\_\_\_\_ to participate in the Basketball Clinic on December 29 & 30, 2014 at ST Charles High School, Waldorf.

**LIABILITY WAIVER/CONSENT**

**MUST BE SIGNED BY THE PLAYER'S PARENT/GUARDIAN**

I acknowledge, understand and accept that there are inherent risks associated with my child's participation in the Basketball Clinic and that doing so could result in injury or damage to my child or my child's property. I acknowledge the fact that the Charles County Sheriff's Office, the Charles County Public Schools, the Beltway Bombers, and the Charles County Commissioners **DO NOT PROVIDE ACCIDENT INSURANCE FOR ITS CLINIC PARTICIPANTS.**

I certify that to the best of my knowledge, my child is physically fit and, further, that should this condition change, notification will be made to the coordinators of the tournament. I do hereby release and hold harmless the Charles County Sheriff's Office, the Charles County Public Schools, the Beltway Bombers, and the Charles County Commissioners from and against any and all injuries, liabilities, losses, damages, settlements, causes of action, suite, claims or demands of any nature whatsoever arising from my child's participation in this event.

Player's Name: \_\_\_\_\_ SCHOOL \_\_\_\_\_

Parents Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For further information, see your school's Juvenile Resource Officer.