



I hereby, give approval for the participation of my child (players) in all North Florida Hoop Group activities and assume all risks, hazards, and incidents to such participate, including transportation to and from all activities. I waive, release, absolve, indemnify and agree to hold harmless the North Florida Hoop Group, any facilities used for NFHG events, affiliated associations, organizers, officers, coaches, parents, participants and officials from any claim arising out of injury to my child (players). I hereby give permission for North Florida Hoop Group to obtain medical services for my child in case of medical emergency or injury. I am resuming activities and releasing all companies and facilities connected to or being used by North Florida Hoop Group the potential risk of being around or possibly receiving Covid-19 or any other illnesses that may be encountered while attending or participating in any of our events.

I declare that my child (players) or I are physically fit and have the skill level required to participate in any of NFHG events. I also understand that my child (players) or I may be required to leave the facility should my child (players) or I exhibit undesirable conduct. I grant permission for North Florida Hoop Group to interview, photograph and/or video tape me or my child (players) and further to use my or my child's (players) name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials without reservation or limitation. I understand that commercial shoots are free, and I am giving consent to allowing my child or myself to be video tape. The released parties are, however, under no obligation to exercise said rights herein granted.

My acceptance of all the terms releases North Florida Hoop Group; their tournaments; their showcases; their camps; their leagues; or any and all gym facilities used by the company listed from any injuries, deaths, or property danger resulting from the risks that are a natural part of the activities. I/We understand that "No Refunds" will be issued for any reasons for (teams, coaches, players, or spectators), even due to inability or unwillingness to attend/participate. By accepting this, I acknowledge that I understand and agree to everything in this waiver. In addition, I certify that I am accepting all legal results that may arise for any reason.

Furthermore, it's encouraged that all participants in activities at any of the facilities used by NFHG follow and abide by:

- MAINTAIN SOCIAL DISTANCING (6FT) AT ALL TIMES
- IF YOU ARE FEELING ILL, PLEASE REFRAIN FROM ENTERING THE FACILITY
- SANITIZE OFTEN, WASH HANDS FREQUENTLY
- MASKS ARE ENCOURAGED
- TEMPERATURE MAY BE CHECKED UPON ENTRY OF FACILITY
- ONLY COACHES ARE ALLOWED TO BRING BASKETBALLS INTO THE FACILITY
- NO OUTSIDE FOOD OR COOLERS ALLOWED IN THE FACILITY

- Only a legal guardian, parent and/or Coach in charge of team/program may sign this form.
- North Florida Hoop Group (NFHG LLC/INC) will take appropriate legal action against anyone found to complete this form that does not have authority to do so.
- By signing below, I acknowledge that I understand and agree to all the above. In addition, I certify that I am the legal guardian, parent and/or Coach in charge of team/program of this applicant.
- My signature of the waiver, releases North Florida Hoop Group; any tournaments, showcases, camps; leagues; or any and all gym facilities used by any of the companies listed from any injuries, deaths or property danger resulting from the risks that are a natural part of the activities
- You are resuming activities and releasing all companies and facilities listed in this waiver from the potential risk of being around or possible receiving Covid-19 or any other illnesses that may occur.

YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND NORTH FLORIDA HOOP GROUP HAS THE RIGHT TO REFUSE YOUR CHILD'S/TEAMS PARTICIPATION IF YOU DO NOT SIGN THIS FORM. FURTHERMORE, NOT SIGNING THIS FORM PUTS THE ACCEPTANCE ON THE PARENT AND THE COACH. THE POLICY OF NO REFUNDS IS UPHELD RATHER YOU SIGN THE FORM OR NOT. THIS FORM MAY NOT BE ALTERED OR TRANSFORMED WITHOUT THE DIRECT WRITTEN CONSENT OF A NORTH FLORIDA HOOP GROUP DIRECTORS.

****Every player (parents) and/or Coach must fill out this form and turn in at team check in.**

Team Name (print)

*** All signatures must be completed from someone 18 years of age or older**

Coach Name (Please print)

Coach (Signature)

Date

Child's Name (Please print)

Parent or Guardian's (Signature)

Date