



THROW1DEEP SUMMER CAMP

REGISTRATION PAGE

We are excited to work with your athlete! This is going to be an amazing camp full of instruction, training, drills and FUN!

To register for the camp:

- ◇ Complete the registration form and sign the consent form located on the bottom of the registration form
- ◇ Print the completed registration form
- ◇ Mail the completed registration form (don't forget to sign and circle t-shirt size) along with a **\$200 deposit** by check or money order payable to **Throw1Deep Club** to
Mike Judge
907 Fox Hollow Way
Marietta, GA 30068

Once the deposit and registration form are received you will receive an emailed confirmation.

If you have any questions about the camp –
visit <http://throw1deep.org/camps-2/summer-camp/>

If you have additional questions –
email Coach Mike Judge at mkjudge@aol.com

Thanks and looking forward to work with you this summer!

Coaches at Throw1Deep

Registration Form and Waiver Throw1deep Summer camp

Camper's Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Emergency Contact _____

Emergency Contact Phone _____

Age _____ Birthdate _____ Grade _____ Gender _____

School _____

Circle T-shirt size: S M L XL XXL XXXL

Deposit \$ _____ Due at camp \$ _____

Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Throw1deep Sports, Inc, Throw1deep Club, Mike Judge, Tatiana Taylor, Ronda Broome, Chris Rogers, Tom Fraker, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER

CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted. To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the camp's activities. I am fully aware of risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorneys' fees, that may accrue related to my/my child's participation in the camp, WHETHER CAUSED BY NEGLIGENCE OF RELEASEE or otherwise. During the period of the camp, I hereby give permission for the staff of this camp to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance. It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Georgia. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

I voluntarily, choose to assume all of the foregoing risks and accept sole responsibility for any injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with my presence at the Facility/camp. I hereby release and hold harmless the Facility, their employees, agents, directors, officers and representatives and other participants from and against all liabilities (statutory or otherwise) for claims, suits, demands, judgments, costs, interest and expense (including but not limited to attorney's fees and disbursements) for injury, illness, permanent disability, or death related to COVID-19 arising from or in connection with mine or my child(ren)'s presence at the Facility/camp, EVEN IF ARISING FROM THE NEGLIGENCE, ACTS OR OMISSIONS OF THE RELEASED PARTIES. I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name _____

Signature _____ Date _____

(If eighteen (18) years of age or older)

Parent's printed name _____

Signature _____ Date _____

(If participant is under 18 years of age)