

2023 Wolverine

GIRLS BASKETBALL CAMP

June 15-16 || 3pm-6pm



Come Join the Wolverine Girls in their 1st Annual Summer Camp!

WHO: All girls from 3rd Grade to 8th Grade

WHEN: June 15th-June 16th from 3pm-6pm

WHERE: Westview Gym

COST: \$100/camper -- Please register at <https://forms.gle/xASEE1bWBV8nZkJp8> --

****Please register on the google form. Checks can be made out to: Westview Groups and Clubs and can be dropped off on the first day of camp along with the attached waiver. All waivers must be signed and completed in order to participate. Opportunity to pay online will be available soon – stay tuned for updates! All proceeds will go to support Westview Girls Basketball. ****

Grow your game alongside Westview Head Coach Melissa Peng and current Westview staff and players. Develop your skills from previous collegiate players, high IQ individuals and some of the top players in the county. Beyond the skill work, we will work on offensive and defensive skills and enhance how the game is seen. Most importantly, our goal is to grow the love for the game and to create a fun, competitive community for girls' basketball.

Westview High School, PUSD, Westview Foundation
Off Season Activities Release of Liability

In consideration of being permitted to participate in any way in Westview High School, Westview Foundation and PUSD activity ("Activity") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the Activity and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND that: (a) ATHLETIC ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE 'RELEASES' NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time, and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I may incur as a result of my participation or that of the minor in the Activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE PUSD, Westview High School, and Westview Foundation including its parent company, related affiliated and subsidiary companies of each, as well as the officers, directors, agents, employees and assignees of each, and Westview associations, clubs, coaches, officials, administrators, members, volunteers, participants, sponsors, advertisers, and if applicable owners and lessors of premises on which the Activity takes place, and any other party indemnified and held harmless by PUSD, Westview Foundation and Westview High School (each considered one of the "RELEASES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, NEGLIGENT SECURITY, TRAVEL, AND RECREATIONAL OPERATIONS AND ACTIVITIES; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

AGREEMENT TO PARTICIPATE

I, or we, grant to the Directors, Assistants, or assigned chaperons of this event to act as guardians/spokesman in granting permission for emergency treatment/hospitalization (including anesthesia) if necessary for my child en route to or from or at the site of a Westview High School, Westview Foundation and PUSD event or hospital or other medical facility. I understand that should a health emergency arise, I will be attempted to be notified, but that if I cannot be reached by telephone, such medical treatment as deemed necessary, by competent medical personnel is authorized. **INSURANCE:** Westview Foundation provides excess medical insurance for any member athlete participating in Westview off season and club sanctioned practice or event. If the athlete has other medical coverage, theirs will be applied first, followed by Westview Foundation insurance. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND

ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT _____

PHONE: _____

PARTICIPANT'S SIGNATURE (only if age 18 or over): _____

TEAM

NAME _____ MINOR

RELEASE: AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF ATHLETIC ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASES FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULTS OF ANY SUCH CLAIM.

PRINTED NAME OR PARENT/GUARDIAN: _____

ADDRESS: _____

City: _____ State: _____ Zip: _____

Phone: _____ DATE: _____

Insurance Policy#: _____

Emergency Contact: _____ Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):
