

MIKE HARRIS



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MIKE HARRIS BASKETBALL CAMP

August 3-6, 2015
Campo Atlético Charles H. Terry

Participant Name: _____ Grade: _____ D.O.B. _____ Sex: M/F

Parent Name: _____ Phone #: _____

____ Morning Session: Grades 2nd - 6th / 9AM - 11:30AM / \$85

____ Afternoon Session: Grades 7th - 12th / 1PM - 3:30PM - \$85

I, as an individual parent and/or legal guardian of the minor (the "Participant"), do give my permission and allow the Participant to partake in any and all aspects that arise out of or relate to any of the basketball programs put on by HSBCAMPS, LLC (an Idaho Limited Liability Company). The Athlete's physical condition is sufficient for full participation in any of HSBCAMPS, LLC's Basketball Camps and I understand that due to the nature of sports activities, the Participant may be injured and property belonging to the participant or the participant's parent or legal guardian may be damaged during the Basketball Program. Knowing these risks, on behalf of the Participant, and/or any of the Participant's or my heirs, representatives, and/or dependents, I hereby waive, release, agree to hold harmless, agree to indemnify and agree to defend HSBCAMPS, LLC and any of their affiliates, owners, directors, officers, employees, volunteers, agents or other representatives, from any and all claims or actions of any kind, now or in the future, arising from the Participant's involvement and participation in the Basketball Program, including but not limited to Mike Harris.

Signature: _____ Date: _____