

LADY REBEL BASKETBALL CAMPS

Conducted by KO Olivier, LLC

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

EVERY LADY REBEL BASKETBALL CAMP PARTICIPANT MUST COMPLETE
THIS FORM BEFORE PARTAKING IN ANY CAMP ACTIVITY.

Participant's Name: _____

Participant's School/Team: _____

Participant's Date of Birth: _____

Parent/Guardian's Name: _____

Relationship to Participant: _____

Parent/Guardian's Contact Number: _____ **(home) or (cell)**

Parent/Guardian's Email Address: _____

RELEASE/DISCLAIMER

In consideration of my child's participation in the Lady Rebel Basketball Camps, I individually and on behalf of my minor child, do hereby release and forever discharge KO Olivier, LLC, and the University of Nevada, Las Vegas and its officers, trustees, employees, contractors and representatives from all liability of any kind for any claim, demand, action, cause of action, damage, judgment, cost or expense which arises out of, occurs during or relates in any matter to my child's participation in, attendance at, activities at, or incidental to the aforementioned camp. In the event of an accident, injury (including death), illness or other damage sustained by my child while traveling to or from, or during her attendance at the Lady Rebel Basketball Camps. I hereby grant permission to the Lady Rebel Basketball Camps staff and any hospital or similar facility to render the above-named camper any medical, surgical, or other treatment that they deem necessary. I understand that the Lady Rebel Basketball Camps, KO Olivier, LLC, and the University of Nevada, Las Vegas will exercise their best efforts to inform me in the event of such treatment.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE RELEASE/WAIVER AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS WAIVER. Parent/Guardian must sign if applicant is UNDER 18.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ **Date:** _____