

Cam Ray Basketball Training Waiver

Cameron Ray
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(978) 935-3380
Date: (____/____/____)

This waiver is applicable exclusively to parents or athletes who are 18 years or older, If you are not over the age of 18 this document must be signed by a legal parent or guardian.

I, _____, hereby acknowledge that I am voluntarily participating in basketball training sessions provided by “Cam Ray Basketball” at the Mill Works, Westford, MA in conjunction with services offered by “Kinisi Onsite Recovery” (collectively referred to as the “Entities”).

I am aware that participation in physical activities, including weight training and basketball training, involves inherent risks of injury. I understand and accept that the Entities, including “Cam Ray Basketball”, “Kinisi Onsite Recovery”, and “The Mill Works”, their agents, employees, and representatives, will not be held responsible for any injuries, damages, or losses that may occur during or as a result of my participation in the training sessions.

I hereby release, waive, discharge and covenant not to sue the Entities, their owners, officers, employees, and agents from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me during the training session or while on the premises of The Mill Works.

I understand that this waiver and release of liability includes, by is not limited to, any claims for personal injury, property damage, or wrongful death, whether caused by negligence, breach of contract, or otherwise.

I further agree to indemnify and hold harmless to the Entities from any loss, liability, damage, or costs, including court costs and attorney fees, that they incur due to my participation in the training sessions.

I have read and voluntarily signed this waiver and release of liability and fully understand its contents. I am aware that by signing this document, I am waiving certain legal rights, and I voluntarily agree to do so.

Client:

Signature: _____

Printed Name: _____

Date: (___ / ___ / ___)

Please retain a copy of this waiver for your records.

Sincerely,

Cameron Ray
Head Trainer
Cam Ray Basketball