Oneida County Executive, Anthony J. Picente, Jr. **Youth Bureau Director, Kevin M. Green**

Oneida County Youth Bureau

Utica University Men's Basketball Clinic

ACCELERATE SPORTS

5241 Judd Road Whitesboro

SATURDAY DECEMBER 6th 1 – 3 p.m.

CHILD'S LAST NAME | FIRST NAME | M.I.

PARENT'S LAST NAME | FIRST NAME | M.I.

NUMBER & STREET

TOWN/CITY | STATE | ZIP/POST CODE

SEX | AGE | TELEPHONE NUMBER

EMAIL ADDRESS

Waiver for Oneida County Youth Bureau Basketball Clinic Applications: I know that basketball and/or participating in a basketball clinic is a potentially hazardous activity. My child should not enter, run, play basketball and/or participate unless he/she is medically able. I agree to abide by any decisions of a coach/instructor or official relative to my child's ability to safely complete the basketball clinic. My child and I assume all risks associated with participating in this basketball clinic including, but not limited to: being hit by a ball, falls, contact with other participants, the effects of the condition of the gymnasium, any and all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of your accepting my child's entry, I, for myself and my child and anyone entitled to act on my child's behalf, waive and release Oneida County and all sponsors, their representatives and successors from any and all claims or liabilities of any kind or nature arising out of my child's participation in this basketball clinic, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. I consent that photographs of my child taken in connection with the Oneida County Youth Bureau Basketball Clinic or their designees can be used for media, including advertising, display, editorial, and audio-visual purposes. In giving this consent, I release Oneida County, the photographers, and their nominees and designees from any liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction or use.

Parent or Guardian *Date*