

**BOB GIBBONS EVALUATION CLINIC**  
**ALL STAR SCOUTING SERVICE**  
**P.O. Box 955, LENOIR, NC 29645-0955**

**INJURY WAIVER AND GENERAL RELEASE AGREEMENT**

BY MY **SIGNATURE** I HEREBY AUTHORIZE AND CONSENT FOR MY SON: \_\_\_\_\_  
TO PARTICIPATE IN THE **BOB GIBBONS EVALUATION CLINIC**, INCLUDING ALL BASKETBALL INSTRUCTIONAL  
DRILLS, PRACTICES, GAMES, LECTURES, AND ALL OTHER ACTIVITIES TO BE HELD AT **CAROLINA COURTS**, INDIAN  
TRAIL, NC, ON **APRIL 24-25, 2010**. (HEREINAFTER REFERRED TO AS **THIS EVENT**.) I HEREBY AGREE TO HOLD  
BLAMELESS AND INDEMNIFY, AND DO WAIVE AND FOREVER RELEASE ANY AND ALL RIGHTS AND CLAIMS FOR ANY  
DAMAGES AND LIABILITIES OF ANY KIND FOR INJURIES, SICKNESS, AND DAMAGES OR LOSSES WHICH MIGHT BE  
SUSTAINED BY THE ABOVE NAMED INDIVIDUAL WHILE TRAVELLING TO AND FROM, ATTENDING, AND PARTICIPATING  
IN THIS EVENT. I FURTHER AGREE TO INDEMNIFY **BOB GIBBONS**, ALL EMPLOYEES OF THE **BOB GIBBONS**  
**EVALUATION CLINIC**, AND **ALL STAR SCOUTING SERVICE**; AND ALL EMPLOYEES OF **CAROLINA COURTS**, AND  
ITS OFFICERS, DIRECTORS, EMPLOYEES, LISCENSEES, SUBSIDIARIES, CONSULTANTS, AND INDEPENDENT  
CONTRACTORS, FROM ANY AND ALL CLAIMS WHICH MAY HEREINAFTER BE PRESENTED BY THE ABOVE NAMED  
INDIVIDUAL OR HIS PARENTS OR GUARDIANS, AS A RESULT OF MY PARTICIPATION IN THIS EVENT, INCLUDING  
CLAIMS THAT ARE KNOWN AND UNKNOWN, FORSEEN AND UNFORSEEN, FUTURE OR CONTINGENT. THIS WAIVER WILL  
APPLY EVEN THOUGH THAT LIABILITY MAY ARISE FROM NEGLIGENCE OR CARELESSNESS ON THE PART OF PERSONS  
NAMED IN THIS GENERAL RELEASE AGREEMENT.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THIS **INJURY WAIVER AND GENERAL RELEASE**  
**AGREEMENT**. THIS AGREEMENT WILL BE BINDING ON ME, MY SPOUSE, MY CHILDREN, MY LEGAL REPRESENTATIVES,  
AND MY HEIRS, SUCCESSORS, AND ASSIGNS.

FURTHER, I HEREBY ASSUME THE RISK OF ALL BODILY INJURIES, INCLUDING DEATH, RESULTING THEREFROM, AND  
PERSONAL INJURIES TO THE ABOVE NAMED INDIVIDUAL FROM HIS PARTICIPATING IN THIS EVENT, AND WHILE  
TRAVELLING TO AND FROM THIS EVENT.

I, THE UNDERSIGNED, SUBMIT THAT THE ABOVE NAMED INDIVIDUAL IS PHYSICALLY FIT TO PARTICIPATE IN THE  
STRENOUS ATHLETIC ACTIVITIES INVOLVED WITH THIS EVENT. I AUTHORIZE THE EVENT DIRECTORS TO SELECT  
HOSPITAL FACILITIES AND/OR PHYSICIANS, AND AUTHORIZE MEDICAL TREATMENT OF THE ABOVE NAMED INDIVIDUAL  
ON AN EMERGENCY BASIS SHOULD THAT BE NECESSARY WHILE HE IS PARTICIPATING IN THIS EVENT. I AGREE TO  
ACCEPT FULL RESPONSIBILITY FOR ANY AND ALL EXPENSES INCURRED IN THE TREATMENT OF ANY ACCIDENT, INJURY,  
OR ILLNESS THAT ARE NOT COVERED BY THIS EVENT'S ACCIDENT AND LIABILITY INSURANCE POLICIES.

**PARTICIPANT'S MEDICAL INSURANCE CO:** \_\_\_\_\_

**Policy Number** \_\_\_\_\_ **Group Insurance No.:** \_\_\_\_\_

I UNDERSTAND THAT ANY PARTICIPANT WHO FAILS TO ABIDE BY THE GENERAL RULES AND REGULATIONS OF THIS  
EVENT, OR THE HOST INSTITUTION, IS SUBJECT TO **DISMISSAL WITHOUT REIMBURSEMENT OR RECOURSE**.

**Signature of Participant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_