



2013 Groupon Registration Form

Please fill out entire form and bring this to your clinic.

Parent/Guardian Information: (*Required Info)

*First Name: _____
 *Last Name: _____
 *Primary Phone: _____
 *Email Address: _____
 *Relationship: _____
 *Address: _____
 *City: _____
 *State: _____
 *Zip: _____

Clinic Information (*Required Info)

*Location/City: _____
 *Clinic Date: _____
 *Session Time: _____
 *Groupon Voucher #: _____

Participant Info: (*Required Info)

*First Name: _____
 *Last Name: _____
 *Gender: _____
 *Date of Birth: _____
 *Age on clinic date: _____
 *Height (inches): _____
 *Weight: _____
 Medical Conditions: _____

Health Insurance Information: (*Required Info)

*Health Insurance Co: _____
 *Policy Number: _____
 *Physician's Name: _____
 *Physician's Phone: _____

Emergency Contact Information: (*Required Info)

*First Name: _____
 *Last Name: _____
 *Phone Number: _____
 *Relationship: _____

Releases, Assumption of Risk, and Indemnification 2013 Harlem Globetrotters Summer Clinic

LIABILITY WAIVER

I acknowledge that the use of the facilities at a 24 Hour Fitness USA, Inc. ("24 Hour") club and/or participation in the Harlem Globetrotters Summer Clinic ("Clinic") involves risk of accidental injury to me and/or my child, despite all safety precautions, whether I or someone else causes it. Specific risks vary from one activity to another and from minor to major injuries, such as catastrophic injuries including death. **As such, in consideration of my participation in the activities offered by 24 Hour and Clinic, I understand and voluntarily accept this risk and agree that 24 Hour, Harlem Globetrotters International ("HGI"), and their respective officers, directors, employees, volunteers, agents, property owners, and independent contractors will not be liable for any injury, including, without limitation, personal, bodily, or mental injury, economic loss or any damage to me or my minor child deemed as resulting from negligence of 24 Hour or anyone on 24 Hour's or HGI's behalf or anyone else whether related to participation in the HGI program or not.** I further understand and acknowledge that 24 Hour is providing facility location space for HGI to provide recreational services and may not be held liable for services.

MEDICAL RELEASE

As a parent or guardian, I assume all risks, injury or illness, for my child(ren) that may occur during the participation in any activities or use of facilities in the Clinic. In the event my child(ren) need medical treatment due to accident, injury, or natural causes, while participating in the Clinic, I authorize the HGI Camp Staff, Operators, and applicable 24 Hour employees to take whatever action deemed necessary to care for my child(ren). I hereby give permission for HGI and 24 Hour Staff and Operators to use their best judgment in arranging for my child(ren)'s emergency medical treatment to the best of their ability. I certify I am fully responsible for all costs incurred due to medical or dental treatment as deemed necessary by HGI Camp Staff, 24 Hour, and Operators.

PHOTO RELEASE

I understand that I and/or my child(ren) may be photographed, videotaped, or otherwise recorded, and agree on behalf of myself and/or my child(ren) that HGI and 24 Hour may use my and/or my child(ren)'s name and likeness (in any form and without regard to distortions of character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and other media, without any additional consideration to myself and/or my child(ren) or to any third party. I grant permission for HGI, 24 Hour, and their agents to utilize the clinic participant's name, image or likeness in any live or recorded audio, video or photographic display or other transmission or reproduction, in whole or in part. **I will notify the Harlem Globetrotters if there is any reason why my child may not be photographed or may not have his or her name used.**

ACKNOWLEDGMENT AND INDEMNIFICATION AGREEMENT

By signing below I agree to the terms of each paragraph of this document on behalf of myself and my child. I also represent I am the parent or legal guardian of the program participant for which this application is prepared. I am aware of all potential risks involved in Clinic participation and in no way hold management, agent, sponsors or employees of HGI, 24 Hour, or its operators liable for any injury my child(ren) may sustain. I also agree to defend and indemnify HGI and 24 Hour from and against any claims, demands, causes of actions or lawsuits brought by the child or on his or her behalf for injuries or other damage whether or not deemed caused by HGI, 24 Hour, or other. I have read and understand the above statement and hereby grant my child permission to participate in the 2013 Harlem Globetrotters Summer Clinic.

Child's Name (Print)

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date