



'SHOOTING'

for Health & Wellness

Saturday, May 10, 2008

11:00 am – 5:00 pm

Memorial Hermann Wellness Center

7731 Southwest Freeway (Hwy 59 and Fondren)

Houston, TX 77074

Complete one for each participant, sign and return on or before **Wed., May 7, 2008**

Return by fax to: Becky Gibson 832-369-7330

Or e-mail to info@mlwellness.org

Name _____

Are you a: (circle one)

Girl under age 15 _____ Woman over age 30 _____

How old is the participant? _____

Phone _____

Alternate Phone _____ Fax _____

E-mail _____

Mailing Address _____

City _____

State _____ Zip Code _____

When was the last time you were on an organized basketball team?

When was the last time you played recreational basketball?

Please initial all three of the following clauses and sign below.

ASSUMPTION OF RISK: I understand that part of the camp experience involves activities that may be new to me or my child, and that either of us may come with certain risks and uncertainties beyond what I or my child may be used to dealing with. I am aware of these risks, and I am assuming them on behalf of my child.

Initial _____



LIMITATION OF LIABILITY: My signature indicates that I give my specific consent for me or my child's participation in all activities sponsored by the Monica Lamb Wellness Foundation, Inc. Shooting for Health and Wellness Festival and Health Fair Mini Basketball Clinic. I understand that there are risks of bodily injury that might be involved in activities conducted by the camp. Further, I agree to release and indemnify, that is, to hold harmless in all respects including accidents, injuries, medical and/or dental expenses, the camp owner, directors, coaches, Houston Comets, Memorial Wellness Center, vendors or exhibitors and any other employee with regard to any claims for injury that may be incurred as a result of a participation in said activities.

Initial _____

CONSENT: I hereby consent to and authorize the Monica Lamb Wellness Foundation, Inc. Shooting for Health and Wellness Festival and Health Fair Mini Basketball Clinic the rights to publish, reproduce and use for advertising or any other purposes, any photography, video image, audio recording or other likeness of me or my child.

Initial _____

Signature of Representative (Parent if participant is under 15 years)

_____ **Date** _____

Printed Name _____