

City of La Grange KY  
Beaumont / La Grange Community  
Center  
307 W. Jefferson Street  
LaGrange, KY 40031

John W. Black, Mayor  
502-376-6799  
Mayor@LaGrangeKY.net



Phone: (502) 222-1433  
Fax: (502) 222-5875  
<https://www.lagrangeky.net/>

Stephen Hall, Parks Director  
502-222-1433  
[shall@LaGrangeKY.net](mailto:shall@LaGrangeKY.net)

### 1<sup>st</sup> Annual Middle School Girls Basketball Camp

For incoming 6<sup>th</sup>, 7<sup>th</sup> and 8<sup>th</sup> grade students

- **Dates: July 19<sup>th</sup>, 21<sup>st</sup>, 22<sup>nd</sup>**
- **5:00pm – 9:00pm**
- **\$40 a person**
- **Limited to 15 players. Everyone after 15 will be placed on a waitlist.**
- **Registration deadline is June 24<sup>th</sup>**
- **Pickup is no later than 9:00pm**

By accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the Boys Basketball Camp, the city of La Grange, KY, all event sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver. In addition, I acknowledge the contagious nature of COVID-19 and other communicable diseases and voluntarily assume the risk that I may be exposed to or infected by COVID-19 and/or other communicable diseases by participating in this event. I acknowledge that such exposure or infection may result in personal injury, illness, permanent disability, and/or death. I understand that the risk of becoming exposed to or infected by COVID-19 in connection with my participation in this event and personally assume this risk. I grant permission to all of the foregoing to use my photographs, motion pictures, recordings or any other record of this event for any legitimate purposes. I understand that this event does not provide for refunds in the event of a cancellation, and by signing this waiver, I consent that I am not entitled to a refund if the event is cancelled before or during the event

- **Player's name:**
- **Grade level:**
- **Shirt size:**
- **Contact #/Email:**

Mail \$50 check made to City of La Grange or pay at City Hall Monday through Friday 8:00am – 4:30pm.

Mail to signed form and check to:

La Grange City Hall

307 W. Jefferson St

La Grange, KY 40031

X \_\_\_\_\_

Parent signature

# Waiver of Liability, Assumption of Risk, and Emergency Contact

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Activity/Event: \_\_\_\_\_ Phone: \_\_\_\_\_  
Location: \_\_\_\_\_ Email: \_\_\_\_\_

In consideration of being allowed to enter upon and use the La Grange Community Center, owned and operated by the City of La Grange, Kentucky, including the surrounding land, parking, structures, machinery or equipment attached to the building (facility) or to participate in the above activity/event or any other recreational use at or in connection with the facility, the above participant, or their parent or guardian on behalf of a minor or disabled person, does hereby understand, acknowledge and agree that:

1. There is an inherent risk of injury to participant from the above activity/event or by entering the facility for any other recreational purpose, including the potential for serious injury or death, and while certain rules, equipment and supervision may reduce the risk, the possibility of serious injury always exists; and
2. I knowingly and freely assume all such risks, known and unknown, and assume all responsibility for such participation in such activities/events or any use of the facility for recreational or other purposes; and
3. I willingly agree to comply with all instructions, rules, policies, and customary practices for participation; and if I observe any unusual, significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of a facility official; and
4. I understand that if I choose to drive my own vehicle to a sporting event or activity, or be a passenger in a vehicle not owned by the City of La Grange while traveling to or from the off facility activity, that the automobile liability insurance for the City of La Grange will not cover any part of my loss; and
5. I hereby release, indemnify and hold harmless the City of La Grange, its officials, officers, employees, agents, coaches, volunteers, sponsors, advertisers, and if applicable, owners and lessors of properties used to conduct the event or activity, of liability for any injury, disability, death or damage to person or property to the fullest extent permitted by law, while using the facility or participating in the above activity/event or for any recreational purpose.

I understand and acknowledged that in accordance with the Kentucky Recreational Use Statute (KRS 411.190), the City of La Grange (a) does not extend any assurance that the facility is safe for any purpose; (b) does not confer upon the participant the legal status of an invitee or licensee to whom a duty of care is owed; and (c) does not assume responsibility or incur liability for any injury to person or property arising from any act or omission of a participant permitted to use the facility without charge for recreational purposes, nor is there a duty of care or ground for liability on the City for injury to persons or property, nor any duty to warn participant of a dangerous structure, use or activity on the facility.

I understand, agree and acknowledge that certain activities may be of an inherently hazardous nature or may involve intense, strenuous activity. Understanding this, I represent that I have no medical condition or impairment that might inhibit my safe and active participation in the above activity, that I possess the skills and knowledge to safely participate in such activity, and that I will provide and use my own safety equipment for the activity.

I further understand and agree that the City of La Grange does not provide medical insurance or coverage for participants who may sustain injuries, other than first aid assistance, and that any applicable medical or emergency costs or insurance coverage are the sole responsibility of participant. In the case of injury or medical emergency, and in the event the participant, or their parent or guardian, cannot respond at the time of the emergency, the City of La Grange has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare. It is understood that participant, or their parent or guardian, and not the City of La Grange, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR UNDUE INFLUENCE. .

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if participant is under the age of 18, parent/legal guardian signature)  
Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Emergency Contact Information

Contact's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Home address: \_\_\_\_\_ Email: \_\_\_\_\_

# PARTICIPANTS

## WAIVER OF LIABILITY AND HOLD HARMLESS FOR COMMUNICABLE DISEASES INCLUDING COVID-19

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

Parent/ Guardian phone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Other: \_\_\_\_\_

The novel coronavirus ("COVID-19"), has been declared a worldwide pandemic by the World Health Organization. COVID-19 is contagious and is believed to spread mainly from person-to-person contact, however transmission may occur from surface to person in some cases. While rules, guidance, and personal discipline may reduce this risk, the risk of serious illness and death does exist. **The City of La Grange cannot completely mitigate the transfer of communicable diseases like COVID-19 especially when involved in a program or activity. Participation in a program or activity includes possible exposure to and illness, injury, or death from infectious diseases, including COVID-19.**

I voluntarily agree to waive and discharge any and all claims against the City of La Grange and release it from liability for any exposure to or illness or injury from an infectious disease including COVID-19, including claims for any negligent actions of the City of La Grange or its employees or agents, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge and hold harmless the City of La Grange, the individual members thereof, and all officers, agents, employees, volunteers, insurers and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from an infectious disease including COVID-19, which may result from or in connection with my participation in a sport or extracurricular activity.

I further certify and represent that I have the legal authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and or the above-named minor.

**I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in The City of La Grange program or activity, the above-named minor and or I freely and voluntarily assume all risks of such hazards and notwithstanding such, release The City of La Grange from all liability for any loss regardless of cause, and claims arising from minor child or I's participation in the program or activity.**

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date