

ELIGIBILITY

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is for children and young adults ages 5-18 years old who have been medically diagnosed with diabetes and prediabetes. Please submit your application by June 1, 2018 as space is limited to 75 participants per session.

CONTACT INFORMATION

- **Monica Joyce** 773-636-3353
- **Judy Joyce** 773-266-1716
slamdunkcamps@gmail.com

VISIT OUR WEBSITE:

www.slamdunkkids.org
[facebook.com/slamdunkfordiabetes](https://www.facebook.com/slamdunkfordiabetes)



CAMP LOCATIONS

Chicago, Illinois

Milwaukee, Wisconsin

Rockford, Illinois

Schererville, Indiana

Waukegan, Illinois



www.slamdunkkids.org
[facebook.com/slamdunkfordiabetes](https://www.facebook.com/slamdunkfordiabetes)

DARE TO Defy!

DARE TO

- You can be young, have diabetes and still have FUN
- Exercise and a good diet should be part of your life
- Enjoy & learn from professional coaches
- Get in the game and learn while having a great time!
- Enroll NOW! Space is limited to 75 participants for each session
- And best of all tuition is FREE!

CAMP STAFF

Camp Director
Monica Joyce MS, RD, LD, CDE

Administrative Assistant
Judy Joyce

Basketball Director
Larry Stewart, General Manager
Chicago Bulls Training Academy

Medical Coordinator
Bridgette Koselke RD,CD,CDE

OUR MISSION

Slam Dunk for Diabetes empowers children with diabetes to take control of their lives and their diabetes by using innovative experiences that provide them with the knowledge, support and motivation to lead healthy, happy and productive lives.



SCHERERVILLE CAMP INCLUDES

- 3 hour daily sessions
- T-Shirt
- Basketball

CAMPERS HAVE FUN & GAIN CONFIDENCE

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is a place where children and teens gain confidence in managing their diabetes. Campers learn to test themselves and give injections. They learn how food and exercise are linked with insulin, and how sports illness, and stress interact with diabetes. Participants learn that diabetes doesn't have to prevent them from living active, satisfying lives.

SLAM DUNK OPPORTUNITY

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is the first scholarship camp of its kind. This camp is designed to provide kids with diabetes the opportunity to learn the fundamentals of basketball while managing their diabetes. Our hand selected team of individuals are not only gifted instructors, but also people of outstanding character and include: diabetes educators, physicians and expert coaches.

SCHERERVILLE CAMP DATES

June 18 to 20, 2018

Rookies: 9:00 AM - 12:00 PM
 Veterans: 9:00 AM - 12:00 PM

Rookie Sessions
 Boys & Girls 5-10 yrs. old

Veteran Sessions
 Boys & Girls 11-18 yrs. old

SCHERERVILLE CAMP LOCATION

Franciscan Omni Health and Fitness
 221 US Highway 41
 Suite A
 Schererville, IN 46375

For more information about Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp, please contact: **Monica Joyce MS, RD, LD, CDE 773-636-3353** or **Judy Joyce 773-266-1716** or email at: **slamdunkcamps@gmail.com**

facebook.com/slamdunkfordiabetes

visit our website: **www.slamdunkkids.org**

PLEASE FILL OUT AND FAX (800-933-9101) OR MAIL THIS FORM BY JUNE 1, 2018 TO:

MOSES E. CHEEKS SLAM DUNK FOR DIABETES BASKETBALL CAMP
 MONICA JOYCE • 541 KINCAID HIGHLAND PARK, IL 60035

PLEASE PRINT CLEARLY

Schererville, Indiana

CAMPERS NAME _____ CAMPERS DATE OF BIRTH _____ AGE _____ SEX _____

PARENT / GUARDIAN NAME _____ DATE OF DIAGNOSIS _____ Type 1 2 Pre (circle one)

HOME PHONE _____ CELL _____ EMERGENCY CONTACT (name & phone) _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ E-MAIL ADDRESS _____

CAMPERS T-SHIRT SIZE: (Please Check Only 1 Box)

CHILDREN SIZE: SMALL MEDIUM LARGE

ADULT SIZE: SMALL MEDIUM LARGE X-LARGE XX-LARGE

WAIVER AND GENERAL RELEASE AND COVENANT NOT TO SUE: As a parent or legal guardian for _____ (the Participant) I hereby give my consent to Participants participation in the program to be held at Franciscan Omni Health and Fitness. I acknowledge that participation in the program involves the risk of personal injury to participant or others. Understanding that risk and in consideration of Participant being allowed to participate in the program, I, on my own behalf and on behalf of Participant, Participant's heirs, administrators, executors, and assigns hereby (I) fully release and discharge the Chicago Professional Sports Limited Partnership, Chicago Bulls Limited Partnership, and CBL5 Corporation, The National Basketball Association, and its team members, NBA Properties, Inc. Roclab Athletic Instruction, LLC, Chicago White Sox, Ltd., Chisox Corporation and all of its and their respective officers, agents, employees, shareholders, and partners and representatives, and any and all of their respective subsidiaries or affiliates (the Releasees), from any and all claims, demands, liabilities or causes of action of whatsoever kind or nature, in longevity or otherwise, which hereinafter may accrue against them and which in any way arise as a result of Participant's participation in the Program, regardless of whether based on fault or negligence of the Releasees, (ii) covenant not to sue any of the Releasees for any matter relating to Participant's participation in the Program, and (iii) indemnify, defend, and hold Releasees harmless from and against any and all losses, damages, costs or expenses (including attorneys fees and other costs of defense) which any of them may sustain as a result of, or in connection with, Participant's participation in the Program. I have read this Waiver and General Release and Covenant Not to Sue and Refund/Cancellation Policy carefully and fully understand the contents. I am aware that this is an agreement not to sue the Releasees and constitutes a complete release of liability by me and by Participant in favor of the Releasees. I acknowledge that I am signing this document of my own free will, with full knowledge of the risks being assumed which include, without limitation, the risk of injury or death to Participant regardless of how it arises and even if it results from the negligence or fault of the Releasee.

Signature: _____ Date _____

Parents and / or Guardian must attend check-in to meet with the medical staff.

Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp is open to boys and girls with diabetes ages 5 to 18 years old. Tuition is free, but space is limited to 75 participants per session.



Slam Dunk Medical Form 2018

(Circle camp) Chicago, IL Rockford, IL Waukegan, IL
 Schererville, IN West Allis, WI Boca Raton, FL

Medical Form for Children With Diabetes
MUST BE COMPLETED BY YOUR PHYSICIAN!

1. Child's Name _____ Child's Date of Birth _____

2. Parents/Guardian Name: _____ Parent/Guardian Contact Number: () _____

3. General Health: _____ Email: _____

Allergies (food, medicine, animals); if asthmatic, please indicate severity: _____

Significant illness or physical disability: _____

Medications other than insulin (with dose): _____

Physical limitations: _____

Non-diabetes hospitalizations (date/diagnosis): _____

4. Most Recent Exam:
Date _____ Height _____ Weight _____ B/P _____

Any abnormal physical findings: _____

5. Exposure to any blood transmissible diseases: Yes ___ No ___
If so, of what nature? _____

6. Diabetes Management: Type 1 _____ type 2 _____ Prediabetes _____
Date of diagnosis: ____/____/____

Recent hospitalizations (for diabetes - list date and diagnosis): _____

Most recent HbA1c results: Date: ____/____/____ Result: _____
Note: It is MANDATORY that the HbA1c test must be within the last 3 months.
Current goals of diabetes management: _____

Any Complications related to diabetes: _____

Child's Name: _____

7. Does the family adjust insulin at home? Yes ____ No ____

8. If child is on a pump, what type? _____ Pump start date _____

If not currently on a pump, will the child be starting on a pump prior to the camp start date? Yes ____ No ____

9. Is the child on a continuous glucose monitor system? CGMS? Yes ____ No ____

If yes, please indicate which CGMS system patient is on: _____

10. Insulin Usage:

Please indicate sliding scale or insulin: carb ratio

Pump Basal Rates

Type	Breakfast	Lunch	Dinner	Bedtime		Time	Rate

Target Glucose Range: _____

Insulin/carb ratio _____

Correction factor _____

Insulin Types and Dosage – Please indicate the sliding scale, if appropriate.

Brand: Lilly ____ NovoNordisk ____ Sanofi Aventis ____

Type: Novolog ____ Humalog ____ Apidra ____ NPH ____ Regular ____ Lantus ____
70/30 ____ 75/25 ____ Other ____

Meal Plan: Number of meals per day ____ Number of snacks per day ____ Insulin for snacks: Yes ____ No ____

11. Emotional Status:

It is imperative that the camp medical staff be aware of any family emotional problems which may affect the child's health at camp. Has the child or family been in counseling over the past year?

Yes ____ No ____

Referred for counseling? Yes ____ No ____

If so, what is the nature of the problem? _____

12. Do you have any specific suggestions for the care of your patient while at camp?

Physician/Practitioner's Signature: _____ Date: _____

_____, MD/DO/NP
Please print/type physician/nurse practitioners name

Address: _____

Telephone: _____

Emergency phone: _____

Please return to the patient's parent as soon as possible. Delay in returning this form may jeopardize the child's application to basketball camp. Thank you for your assistance.

**PARENTS: Please return completed form to Monica Joyce: 541 Kincaid, Highland Park, IL 60035
or Fax 1-800-933-9101**

During the child's stay at basketball camp, he/she will be monitored as closely as conditions permit. No alterations in management will be made without due consideration by the medical staff. The medical staff consists of experienced nurses and dietitians, under the supervision of a physician volunteer for the Slam Dunk for Diabetes program.

Moses E. Cheeks Slam Dunk for Diabetes

Authorization to Disclose Personal Health Information
HIPPA - (Health Insurance Portability and Accountability Act)

Camper Name: _____

Camper Date of Birth: _____

Name of Custodial Parent/Guardian: _____

I hereby authorize the Moses E. Cheeks Slam Dunk For Diabetes to release the above named camper's Personal Health Information (PHI) as described below:

The purpose of this disclosure is to promote the Moses E. Cheeks Slam Dunk for Diabetes camp program, publicize the Moses E. Cheeks Slam Dunk for Diabetes camp program, and/or fundraise for the Moses E Cheeks Slam Dunk for Diabetes:

The PHI to be disclosed is limited to the following:

() Camper Photograph or likeness

The PHI may be disclosed as part of the Moses E. Cheeks Slam Dunk for Diabetes marketing efforts, including but not limited to, mailing list development for camp, a brochure promoting camp or other educational program, or fundraising events of the Moses E. Cheeks Slam Dunk for Diabetes.

Expiration Date: This authorization shall expire on December 31, 2018.

Right to Revoke: I understand that I have the right to revoke this Authorization at any time by giving Moses E. Cheeks Slam Dunk for Diabetes written notice of the revocation. I understand that any revocation will not apply to any disclosure that has already been made in reliance upon this authorization.

I understand that I have the right to refuse to sign this Authorization and that my refusal will not affect my youth's ability to receive treatment or attend camp.

I understand that I will be given a copy of this signed Authorization.

A copy of this documents is valid as an original . The original is not required to be shown.

Custodial Parent/Legal Guardian Name (Print)

Custodial Parent/Legal Guardian (Signature)

Relationship to Camper

Moses E. Cheeks Slam Dunk for Diabetes

Assumption of Risk, Waiver, and Release from Liability

I, _____ (participants name), desire to participate in the Moses E. Cheeks Slam Dunk for Diabetes Basketball Camp (hereinafter "Slam Dunk Camp"). This Assumption of Risk, Waiver, and Release from Liability covers the entirety of my participation in the Slam Dunk Camp.

- Risk Factors-** I understand and acknowledge that the use of equipment and facilities provided by Slam Dunk Camp and participation in the Slam Dunk Camp involves risks including, but not limited to the following: risk of property damage, bodily injury, including, but not limited to permanent disability, paralysis, and possibly death. These risks may result from a variety of circumstances including, but not limited to, the use or misuse of the equipment or facilities, from the activity itself, from the acts of myself or others, including Slam Dunk Camp and its agents or from the unavailability of emergency medical care.
- Assumption of Risk-** I am participating in the Slam Dunk Camp at my own free will. I understand that my decision to participate in the Slam Dunk Camp is entirely voluntary. I assume full responsibility for all risks that may arise out of or result from my participation in the Slam Dunk Camp, including by not limited to those risks described in Section 1, above.
- Acknowledgement of Policies and Procedures-** I acknowledge that I have read, know, and agree to all of the policies and procedures relating to my participation in the Slam Dunk Camp. I understand that the safe and proper use of all facilities, equipment or participation in the activity is dependent upon carefully following these policies and procedures. I agree to comply with and abide by all rules, regulations and policies of the site hosting the Slam Dunk Camp. I understand that Slam Dunk Camp reserves the right to revoke or terminate my participation in the Slam Dunk Camp for any violations of these rules, regulations, or policies.
- Release, Indemnify, and Defend.** I hereby release, waive, discharge, and hold harmless Slam Dunk Camp, and all of their affiliates, predecessors, successors, trustees, officers, directors, faculty, employees, agents, representatives, and volunteers past or present (hereinafter jointly referred to as "the Released Parties") from any and all claims, suits, liabilities, judgments, costs and expenses ("Claims") for any property damage, property loss or theft, personal injury or illness, death or other loss arising from or relating to my participation in the Slam Dunk Camp. I also agree to defend, indemnify and hold harmless the Released Parties from and against any Claims arising from or related to my own acts or omissions in connection with my participation in the Slam Dunk Camp.
- Prerequisite Skills.** I acknowledge that I have the requisite skills, qualifications, physical ability and training necessary to properly and safely participate in the Slam Dunk Camp. I agree that if I have any questions as to what skills, qualifications, or training is necessary to properly participate in the Slam Dunk Camp, then I shall direct such questions to the appropriate individuals.
- Waiver-** I hereby waive any protections afforded by any statute or law in any jurisdiction whose purpose, substance and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know or suspect to exist at the time of executing the release. This means, in part, that I am releasing unknown future claims.
- Payment for Damages.** I agree to pay for any and all damages to any property or Release Party caused by me negligently, willfully or otherwise.
- Representatives.** I enter into this agreement for myself, as well as for my heirs, assigns and legal representatives.
- Consent for Emergency Treatment-** I consent to medical treatment for emergencies that occur during or are related to my participation in the Slam Dunk Camp where I am unable to consent to such treatment. I understand the provisions of this Assumption of Risk, Waiver, and Release from Liability apply to any treatment that might be provided to me under this Section, including but not limited to Section 1, Section 2, and Section 4.
- Insurance-** I understand that I am solely responsible for any medical, health or personal injury costs relating to my participation in the Slam Dunk Camp. I understand that I am strongly encouraged to have a medical physical examination and purchase health insurance prior to any and all participation in the Slam Dunk Camp.
- Jurisdiction.** This Assumption of Risk, Waiver, and Release from Liability shall be governed in all respects by the laws of the State of Illinois. The parties agree to use the State of Illinois for Jurisdiction and the County of Cook as Venue for any disputes between the parties related to this Assumption of Risk, Waiver, and Release from Liability.
- Severability.** If any term or provision of this Assumption of Risk, Waiver, and Release from Liability is held to be illegal, invalid or unenforceable, or the application thereof to any person or circumstance shall to any extent be illegal, invalid or unenforceable under present or future laws effective during the term hereof or of any provisions hereof which survive termination, then and in any such event, it is the express intention of the parties that the remainder of this Assumption of Risk, Waiver, and Release from Liability, or the application of such term, clause or provision other than to those as to which it is held illegal, invalid or unenforceable, shall not be affected thereby, and each term, clause or provision of this Assumption of Risk, Waiver, and Release from Liability and the application thereof shall be legal, valid and enforceable to the fullest extent permitted by law.

I have read and fully understand this Assumption of Risk, Waiver, and Release from Liability and understand that it relates to surrendering and releasing valuable legal rights. I do so freely and voluntarily.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

Consent and Release on Behalf of Minor by Parent/Legal Guardian

I am the parent or legal guardian of the above named minor. I have read and understand this Assumption of Risk, Waiver, and Release from Liability in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Assumption of Risk, Waiver, and Release from Liability. I also give my consent to the participation in the activity of the minor.

PRINTED NAME: _____ SIGNATURE: _____ Date: _____

New Member Agreement Waiver

Name: _____ Date of Birth: ___/___/___

Street Address _____

City _____ State _____ Zip Code _____ Home Phone # (____) ____ - _____

Email _____ Cell Phone # (____) ____ - _____

- Yes No 1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity?
- Yes No 2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness?
- Yes No 3. Do you ever feel pain in your chest when you do physical activity?
- Yes No 4. Have you been told your blood pressure was too high?
- Yes No 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity?
- Yes No 6. Are you currently taking prescription medication for your blood pressure or a heart condition?
- Yes No 7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)?

If I answered yes to one or more of these questions, I understand I should talk to my doctor before using the facilities and equipment at Franciscan Omni Health & Fitness ("Omni") because I may be at a higher risk for injury or adverse health consequences. If I choose not to talk to my doctor before using the facilities and equipment at the Omni facilities, I acknowledge that I am choosing not to follow the recommendation of Omni for doctor approval and consultation. Omni and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequences resulting therefrom.

Consent to Photograph: I (or parent/guardian if member is under 18 years of age) grant permission to Club to publish and utilize photographs for inclusion in any publication authorized by Omni, Franciscan St Margaret Health-Hammond and Dyer, Franciscan St. Anthony Health-Michigan City and/or Franciscan Alliance, Inc. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to Omni's Business Office. I (or parent/guardian if member is under 18 years of age) also understand that personal photos and/or videos can only be taken under the direct supervision of a Club employee and the photos and/or videos can only be taken of themselves or their guardian child as photos and video taping of any other persons within the Club is prohibited on Omni premises. I agree and understand that photos and videos that are taken by parent/guardian or participant cannot be used for any other purpose other than personal. I (or parent/guardian if member is under 18 years of age) also agrees to allow Club to use photographs, negatives, images, reprints, and video tapes to be used for print advertising/marketing presentations to the public, through all media, including but not limited to television spots, web sites and/or display units. **The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images.**

COMPREHENSIVE WAIVER AND RELEASE (ADULT)

I (or parent/guardian if member is under 18 years of age) am executing this Comprehensive Waiver and Release ("Waiver and Release") in consideration of (a) being permitted to participate in one or more activities associated with Omni(as defined above) and/or (b) being allowed access to all or any part of the Omni premises located at 221 U.S. Hwy 41, Schererville, Indiana and 810 Michael Drive, Chesterton, Indiana (the "Club"). I acknowledge that engaging in any physical exercise or activity carries with it risk of personal injury or even death and, to the extent that I engage in any physical exercise or activity at or use any Club facility, I do so at my own risk. This includes, without limitation, my use of any locker room, pool, whirlpool, sauna, steam room, cardio theatre, weight room, aerobics classroom, racquetball court, basketball court, tennis court, baseball area, parking area, sidewalk or any equipment in the Club and it also includes my participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. I agree that I am voluntarily participating in these activities and using these facilities and premises and assume all risk of injury, death, illness, disease, damage or loss to me or to my property that might result, including, without limitation, any loss, theft of or damage to any personal property.

I agree on behalf of myself (and my personal representatives, heirs, executors, administrators, agents and assigns) to release and discharge the Franciscan Alliance, Inc. d/b/a Franciscan Omni Health & Fitness-Chesterton and Schererville and d/b/a Franciscan St. Margaret Health-Hammond and Dyer, and d/b/a Franciscan St. Anthony Health-Michigan City, Rehabilitation Institute of Chicago, Morris Baseball LLC., Roclab Athletic Instruction, Parisi Franchise Systems, LLC and any affiliates, tenants, trustees, directors, officers, members, employees, agents, representatives, successors and assigns of any of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This release of liability includes, without limitation, injuries or death which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) my use of any exercise or fitness equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise or fitness equipment or facilities, (c) any Releasee's alleged negligent instruction or supervision, or (d) my slipping, tripping or falling while in the Club or on the Club's premises. I am waiving any right that I may have to bring a legal action to assert a claim against any Releasee's negligence or other fault. I agree to indemnify each Releasee for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release in the event that I (or anyone acting on my behalf) sue one or more of the Releasees.

I acknowledge and represent that I have read this Waiver and Release. I understand that it affects my legal rights and I represent that I have not relied upon any oral statements or representations of anyone to induce me to sign it. I affirm that I have read, understand and agree to the terms set forth above and I wish to exercise at Franciscan Omni Health & Fitness, use its equipment, and/or participate in its programs/services on the terms specified.

(Signature)

___/___/___
(Date)

(Printed Name)

Authorized by: Membership Coordinator OR M.O.D. (Manager On Duty) _____

Under 18
 Must be filled out and
 signed by Parent/Guardian
ONLY !

Member# _____

New Member Agreement Waiver

Minor's Name: _____ Date of Birth: ___/___/___

Parent/Guardian's Name: _____ Date of Birth: ___/___/___

Street Address _____

City _____ State _____ Zip Code _____ Home Phone # (____) ____ - _____

Email _____ Cell Phone # (____) ____ - _____

Questions #1-7
 pertain to Under 18
 Minor participant –
 Parent/guardian must
 answer for Minor.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Has your doctor ever said you have a heart condition or recommended medically approved physical activity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Do you often feel faint or have severe spells of dizziness or have you ever lost consciousness? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Do you ever feel pain in your chest when you do physical activity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Have you been told your blood pressure was too high? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Do you have a bone or joint problem that could be made worse by a change in your physical activity? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Are you currently taking prescription medication for your blood pressure or a heart condition? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 7. Is there any medical reason, not noted above, that you are aware of, that may impact your ability to participate in an activity or exercise program (such as recovering from surgery)? |

If I answered yes to one or more of these questions, I understand I should talk to my doctor before using the facilities and equipment at Franciscan Omni Health & Fitness ("Omni") because I may be at a higher risk for injury or adverse health consequences. If I choose not to talk to my doctor before using the facilities and equipment at the Omni facilities, I acknowledge that I am choosing not to follow the recommendation of Omni for doctor approval and consultation. Omni and its affiliates do not assume any responsibility for my failure to so consult with my doctor and any adverse health consequences resulting therefrom.

Consent to Photograph: Member (or parent/guardian if member is under 18 years of age) grants permission to Club to publish and utilize photographs for inclusion in any publication authorized by Franciscan Omni Health & Fitness-Chesterton and Schererville, Franciscan St Margaret Health-Hammond and Dyer, Franciscan St. Anthony Health-Michigan City and/or Franciscan Alliance. If at any time I do not want to be included in any photos or videos, I will put my denial request in writing to Omni's Business Office. Member (or parent/guardian if member is under 18 years of age) also understands that personal photos and/or videos can only be taken under the direct supervision of an Franciscan Omni Health & Fitness employee and the photos and/or videos can only be taken of themselves or their guardian child as photos and video taping of any other persons within the facility is prohibited on Omni premises. I agree and understand that photos and videos that are taken by parent/guardian or participant cannot be used for any other purpose other than personal. Member (or parent/guardian if member is under 18 years of age) also agrees to allow Club to use photographs, negatives, images, reprints, and video tapes to be used for print advertising/marketing presentations to the public, through all media, including but not limited to television spots, web sites and/or display units. **The term "photograph" as used herein includes video or still photography, in digital or any other format, and any other means of recording or producing images.**

COMPREHENSIVE WAIVER AND RELEASE (Under 18)

I am executing this Comprehensive Waiver and Release ("Waiver and Release") on behalf of and in my capacity as the parent or legal guardian of the minor identified below ("Minor") in consideration of (a) the Minor being permitted to participate in one or more activities associated with Franciscan Omni Health and Fitness ("Omni") and/or (b) the Minor being allowed access to all or any part of the Omni premises, located at 221 U.S. Hwy 41, Schererville, Indiana and 810 Michael Drive, Chesterton, Indiana (the "Club"). I acknowledge, on behalf of Minor, that engaging in any physical exercise or activity carries with it risk of personal injury or even death and, to the extent that Minor engages in any physical exercise or activity at or uses any Club facility, Minor does so at Minor's own risk. This includes, without limitation, Minor's use of any locker room, pool, whirlpool, sauna, steam room, cardio theatre, weight room, aerobics classroom, racquetball court, basketball court, tennis court, baseball area, parking area, sidewalk or any equipment in the Club and it also includes Minor's participation in any activity, tournament, class, program or instruction associated in any way with the Club either at the Club's location or elsewhere. I agree on behalf of Minor that Minor is voluntarily participating in these activities and using these facilities and premises and Minor and I assume all risk of injury, death, illness, disease, damage or loss to Minor or to Minor's property that might result, including, without limitation, any loss, theft of or damage to any personal property.

Minor and I (and Minor's personal representatives, heirs, executors, administrators, agents and assigns) hereby release and discharge the Franciscan Alliance, Inc. d/b/a Franciscan Omni Health & Fitness-Chesterton and Schererville and d/b/a Franciscan St. Margaret Health-Hammond and Dyer, and d/b/a Franciscan St. Anthony Health-Michigan City, Rehabilitation Institute of Chicago, Morris Baseball LLC., Roclab Athletic Instruction, Parisi Franchise Systems, LLC and any affiliates, tenants, trustees, directors, officers, members, employees, agents, representatives, successors or assigns of any of the foregoing (collectively, "Releasees") from any and all claims or causes of action (known or unknown) arising out of any Releasee's negligence or other fault. This release of liability includes, without limitation, injuries or death to Minor which are alleged to have resulted from any Releasee's negligence or other fault or which may occur as a result of or in connection with (a) Minor's use of any exercise or fitness equipment or facilities which may malfunction or break; (b) any Releasee's alleged improper maintenance of or failure to maintain any exercise or fitness equipment or facilities, (c) any Releasee's alleged negligent instruction or supervision, or (d) Minor's slipping, tripping or falling while in the Club or on the Club's premises. I am waiving on behalf of Minor and myself any right that Minor or anyone acting on behalf of Minor may have to bring a legal action to assert a claim against any Releasee's negligence or other fault. In addition, I agree on behalf of Minor and myself to indemnify each Releasee for all reasonable attorneys' fees and costs incurred in enforcing this Waiver and Release in the event that Minor or anyone acting on behalf of Minor sues one or more of the Releasees.

I acknowledge and represent that I am the parent or legal guardian of Minor and that I have read this Waiver and Release on behalf of myself and Minor. I understand that it affects my legal rights and the legal rights of Minor and I represent that I have not relied upon any oral statements or representations of anyone to induce me to sign it.

 (Signature of Parent or Legal Guardian on behalf of self and Minor)

 (Name of Minor)

 (Printed Name of Parent or Legal Guardian)

___/___/___
 (Date)

Authorized by: Membership Coordinator OR M.O.D. (Manager On Duty) _____