

## Waiver

Medical Consent/Release: In signing this release, I attest and verify that my child has full knowledge of the risks involved with the sport associated with the camp he/she is attending. My child is physically fit and does not have disease or injuries that would medically prohibit him from participating in camp. I do hereby release officers, instructors, and employees from any responsibility or liability for recurrence of any pre-existing, any undisclosed injury or illness or any personal injury or property damage to my own child during the Mike Jones Basketball Camp and because of the camp participation. I also give permission for any emergency procedures that are deemed necessary for my child during camp.

Signature of Parent/Guardian\_\_\_\_\_

Date\_\_\_\_\_