

PARENTAL RELEASE OF LIABILITY WAIVER FORM

I, _____, am the legal parent/guardian of _____,
(Parent/Guardian Name) (Athlete Full Name)
and give permission for the athlete to attend and participate in the UnDrafted basketball camp.

As the athlete and on behalf of the athlete, the athlete's parent and/or legal guardian, I hereby:

1. have given my daughter/son permission to voluntarily participate in Undrafted events, and I certify that she/he is in good health and has been cleared by a physician and can take part in all physical activities not limited to but including training, practices and games.
2. understand that voluntary participation in UnDrafted camps involves risk and dangers of serious and permanent bodily injury and death.
3. agree to assume all risk of personal injury and property loss arising from participation in any camp athletic and recreational activities.
4. agree in case of an injury or emergency, I authorize the camp staff members to take all proper action and use emergency service available at the nearest hospital if necessary. I understand my person insurance will be used in this case.
5. agree UnDrafted camps, UnDrafted LLC, retains the right to use for publicity and advertising, photographs and video taken of the athlete.

In consideration for permission for the campers to participate in the camp, on behalf of the camper's parents and/or legal guardian, I release, hold harmless, discharge and agree not to sue UnDrafted Camps, UnDrafted LLC, Ethan Fisher, its directors, officers, employees, coaches, officials, volunteers, agents, sponsors, advertisers, owners/lessors of premises, for all liability from any and all claims which the camper, camper's parents and/or legal guardian, may have as a result or personal injury or property loss arising out of, or connected in any way with, their participation in any camp athletic, recreational activities and any other related travel, lodging, social activities.

Athlete Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Full Name: _____

Parent/Guardian Phone Number: _____

Emergency Contact Name _____ Phone #: _____

**BRING TO CHECK-IN. DO NOT MAIL OR EMAIL This form is required for
each athlete, for each camp they attend.**