

CAMPER'S NAME _____

SCHOOL: _____ GRADE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PARENT/GUARDIAN: _____

PARENT/GUARDIAN EMAIL: _____

EMERGENCY PHONE NUMBER: _____

RELEASE AND WAIVER

(Must be signed by parent/guardian in order to participate)

I give permission for my son/daughter to participate in the Caris LeVert Basketball Skills Clinic and agree that any medical services needed are to be covered by our family medical coverage. In consideration for my son/daughter's participation in the clinic, I hereby agree and promise that I will not hold the clinic, Roc Nation, school, nor its employees responsible for any loss, damages, or personal injuries that he/she may receive as a result of participation in this Basketball Clinic. In addition, I give my permission for any medical treatment by a qualified physician or at the nearest hospital emergency room in case I cannot be reached.

Parent/Guardian Signature:

_____ Date: _____