

Frank Maosn III Youth Basketball Camp

Participant Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

I hereby agree to the following: I understand that I am participating in a basketball camp. I understand that it is my responsibility to consult with a physician prior to engaging in physical activity. I recognize that participating in a basketball camp requires physical exertion, which may be strenuous and could cause physical injury. As with any physical activity, I am fully aware of the risks involved. I represent and warrant that I am of fit physical condition and have no medical conditions that would prevent my participation. I understand that if I have any concerns during the camp it is my responsibility to communicate said concerns to those running the camp. In consideration for being permitted to participate in the football camp, I agree to assume full responsibility for any risks or injuries known or unknown as a result of participation in the basketball camp. In further consideration of being permitted to participate in the camp, I knowingly, voluntarily and expressly waive any claim I may have against **Frank Mason III, Fame Sports Marketing Group** and, **The Frank Mason III Youth Basketball Camp** as well as the owner or leaseholder of the property at which the camp is held for any injuries or damages I may sustain.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS CONTENT. I AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Parent/Guardian Signature:

_____ Date: _____

Print Name: _____