

WAVIER FORM
AND RELEASE



SILVERBACKZ
ATHLETICS

RRR Basketball Camp Waiver and Release of Liability

Camper's Name: _____

Date of Birth: _____

Parent/Guardian Name (if under 18): _____

Phone Number: _____

Email: _____

Camp Name: RRR SILVERBACKZ ATHLETICS CAMP

Location: ENRICHMENT CENTER 1 Day Lily St, Loachapoka, AL 36832

Acknowledgment of Risk I understand that participation in **RRR SILVERBACKZ CAMP** involves physical activity and inherent risks of injury, including but not limited to sprains, fractures, heat-related illnesses, and other potential risks. I voluntarily assume all risks related to my (or my child's) participation.

Medical Consent In the event of an emergency, I authorize the camp staff at **RRR SILVERBACKZ CAMP** to obtain medical treatment deemed necessary. I certify that the participant is in good health and able to safely participate in all basketball camp activities.

Release of Liability I hereby release and hold harmless **RRR SILVERBACKZ CAMP**, its directors, staff, sponsors, and volunteers from all claims, liabilities, or damages arising out of or related to participation in the basketball camp, including personal injury or property damage.

Media Release (Optional)

☐ I give permission for photos/videos of the participant to be used for promotional purposes.

☐ I do not give permission.

Signature

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (if under 18): _____ **Date:** _____