

GSPEED BASKETBALL CAMPS

LIABILITY WAIVER

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and / or illness during this activity. I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors and organizers.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY IS FOR ALL GSPEED CAMP STAFF MEMBERS AND A CONTRACT I'M SIGNING OF MY OWN FREE WILL.

Participant's Name _____ Age _____

(Please print legibly)

Parent / Guardian Signature _____ Date _____

(If under 18 years old, Parent or Guardian must also sign)