

Western New England Basketball Camp

**Parent Release Form**

**July 22-26, 2019**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ permission

Parent/Guardian Camper’s Name

to attend and participate in the Western New England Basketball Camp (July 22-26, 2019). I authorize the staff of this camp to use their best judgment in allowing my child to receive emergency medical or surgical treatment if necessary. I understand that every effort will be made to contact me prior to such action. By signing this release, I am certifying that my child is in good health and may participate in vigorous athletic programs without limitation. I understand that my child will not be able to participate in the camp unless this release has been duly signed by me.

Furthermore, I hereby:

* Certify that, to the best of my knowledge, the medical information and emergency contact information previously provided is complete and correct.
* Agree to assume all risk of personal injury arising from participation in this camp, understanding that this sport does involve the potential for injury.
* Agree not to hold the staff responsible for any injury sustained during camp participation.
* Agree not to bring suit against any and/or all of the staff or Western New England University for any injury sustained.
* Agree to allow the Camp Directors and Medical staff to use sound judgment in obtaining necessary medical care at the expense of the parent.
* Agree to accept any decision made by the Camp Directors in terminating attendance at the camp due to unacceptable behavior.
* I/We, the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge The Western New England Basketball Camp Inc., Western New England University, and its staff, officers, agents, employees, representatives, successors and assignees of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in Camp activities or while at camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date