

**Please complete the Medical Waiver Parental Release and return by mail or bring with you to the camp registration.**

**Mailing address: 129 Farm House Rd., San Marcos, TX 78666**

**MEDICAL WAIVER PARENTAL RELEASE**

I (parent) \_\_\_\_\_ agree that (participant) \_\_\_\_\_ may participate in The Danny Kaspar Basketball Camp at Texas State University. In consideration of participant in this event, I agree, on behalf of the above named child, his/her heirs and representative to fully and forever release, and hold harmless The Danny Kaspar Basketball Camp, its agents, servants, and employees from any and all claims, demands, right of action of causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of participation in this event. **I HEREBY AUTHORIZE IN ADVANCE ANY NECESSARY MEDICAL TREATMENT REQUIRED BY THE ABOVE NAMED CHILD WHILE IN ATTENDANCE OF THIS CAMP. I ALSO ACKNOWLEDGE THAT I HAVE/WILL NOTIFY THE CAMP PERSONNEL OF ANY SPECIAL MEDICAL NEEDS OR INFORMATION REQUIRED BY THE ABOVE NAMED CHILD.** Also, I understand that all rules and regulations for the camp/event will be enforced and any violation by my child could result in a call to me with possible request to pick up my child with no refunds being given. This camp is owned and operated by Danny Kaspar.

Signature of parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number \_\_\_\_\_ Health Insurance Policy \_\_\_\_\_

Name \_\_\_\_\_ Policy Number \_\_\_\_\_