

Lower Merion Basketball Camp (2015)
Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____ Street
Address _____ City _____ Zip _____ Emergency Contact
Information Name _____ Tele(____) _____ Cell(____) _____
(relationship) Name _____ Tele(____) _____ Cell(____) _____
(relationship) Medical Conditions: _____
Allergies: _____ Medications: _____

_____ (Participant is responsible for adhering to medication schedule, refrigeration is available) I the undersigned parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that participant will engage in strenuous athletic and physical activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses. I acknowledge and accept sole responsibility for all of the hazards and risks associated with or related to participant's participation in the programs and for any damage or injury that Participant may cause to others; I expressly assume all risk of injury (including permanent disability and death) arising out of participant's participation in the programs and accept personal responsibility for the damages following such injury, permanent disability or death. I represent and warrant that Lower Merion Basketball Camp/First String Sports has hereby recommended that Participant obtain medical clearance from a physician and all of the appropriate insurance (health, disability, etc) prior to his/her participation in the programs. I understand the risks attendant to Participant's failure to obtain medical clearance. By my signature below, I hereby represent that participant either has received a physical examination by a physician and has been found physically capable of participating in the programs or contrary to the recommendation of Lower Merion Basketball Camp/First Strings Sports, has decided not to obtain such medical clearance. I hereby give my consent to have an athletic trainer, coach, nurse and/or doctor of medicine or associated personnel provide the participant with medical assistance and/or treatment. I also agree to save and hold harmless and indemnify each of these parties from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed because of or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of releasee(s). I have read the above waiver/release and understand that I have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent of the Kobe Basketball Academy will cause the participant to be removed from the program.

**I Do ___ Do Not___ authorize non-emergency treatment for minor ailments with use of non-prescription medications. (Including, but not limited to ibuprofen and antacids)