WAIVER/RELEASE

I _____ do hereby waive and release any and all rights and claims for damages that may
(parent/guardian name)
have or hereinafter occur to me against the director and staff of Future All-Stars Basketball Camp or Baltimore County Recreation and Parks. I confirm that my child's health meets medical standards to participate in a basketball camp. I understand that basketball is a sport, and injuries may occur. I further understand that, neither the camp director nor any staff of Future All-Stars Basketball Camp or Baltimore County Recreation and Parks shall be held responsible for any medical injuries that may result from participation in the Future All-Stars Basketball Camp.

I give permission for _____to participate in the Future All-Stars Basketball Camp, and I give the director and
(camper name)
the staff of Future All-Stars Basketball Camp my permission to act on my behalf in arranging for emergency medical attention to the above mentioned camper from a licensed physician or hospital if necessary.

The undersigned parent/legal guardian of the above mentioned applicant has read and understands the above agreement, and accepts and agrees to the terms and conditions of this waiver/release form.

_____

Parent/Guardian Signature Date