



WAIVER

Waiver to Participate

I hereby authorized the staff to act for me according to their best judgment in an emergency requiring medical attention and I hereby waive and release **Eastside Basketball Institute LLC**, Staff and Summerwalk from any and all liability. That includes injuries, illnesses, or loss of property while at all camp/clinic/ or lessons. I have no knowledge of any physical impairment that would be affected by the named participants in the program. My signature on this waiver states that the named is covered by my personal medical insurance policy. This waiver of liability waives EBI from transportation, or in connection with the camp, clinic, or lesson.

I have read this form on the **Eastside Basketball Institute**. Please print out this page and either mail or bring to camp, clinic, and or lesson with authorized signature(s) prior to participation.

Parent/Guardian printed name

Participants printed name

Parent/Guardian signature & date

Participants signature & date