



LAKE ERIE COLLEGE HIGH SCHOOL TEAM SHOOTOUT WAIVER
ASSUMPTION OF RISK AND CONSENT AGREEMENT FOR PARTICIPATION

The undersigned warrants and represents that he/she is a parent or legal guardian of the named athlete and that the undersigned possesses the authority to execute this Waiver of Liability/Release of Claims on behalf of the athlete. The athlete herein described has permission to engage in all team activities except as noted. I hereby give permission to the camp administrators to provide routine health care and seek emergency medical treatment. I give permission to the camp to arrange necessary related transportation for medical treatment. I/we the parents of the named athlete understand and acknowledge that there are inherent risks and dangers in the participation of this basketball camp. I/we hold Lake Erie College harmless of any accidents/injuries relating to the participation in this basketball activity.

HIGH SCHOOL _____ PARTICIPATION DATES _____

NAME OF ATHLETE	SIGNATURE OF PARENT/GUARDIAN	PRINTED NAME	DATE
_____	_____	_____	_____
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