

**Game Time Basketball Camps**  
**26500 Agoura Road, Suite #522, Calabasas, CA 91301**  
**Tel # 805 729 5539**

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E-mail – [info@gametimebasketballcamps.com](mailto:info@gametimebasketballcamps.com)

**Game Time Basketball Camps release waiver.**

**WAIVER, RELEASE, ASSUMPTION OF RISK**

I understand that my participation in Game Time Basketball Camps, clinics and training programs, involves risk and dangers of serious and permanent bodily injury and death. I, or my parent/guardian if I am a minor, hereby release, hold harmless, discharge and agree not to sue Game Time Basketball Camps, it's owners, advisors, Coaches, Officials, Volunteers, Agents, Sponsors, Advertisers, Owners/Leasers of Premises for all liability from my participation in these and any other related travel, lodging, social/recreational activities. I also understand that Game Time Basketball Camps., retains the right to use for publicity and advertising, photographs and video taken of the participants.

**Medical Release**

I have given my daughter/ son permission to participate in the Game Time Basketball Camps' clinics, events, or training programs and I certify that she/he is in good health and can take part in all camp, clinic or training program activities. If an injury occurs, I authorize the staff members to take all proper action and use the emergency service available at the nearest hospital if necessary. I understand my personal insurance will be used in this case. In case of an emergency, I authorize the personnel to take action.

Participant's name: \_\_\_\_\_

Parent / guardian signature: \_\_\_\_\_

Cell phone #: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Work phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Bring this signed form to the first day of your activity. (DO NOT MAIL IT)**  
**Each participant must present a signed copy before they can participate. Thank you!**

**[WWW.GAMETIMEBASKETBALLCAMPS.COM](http://WWW.GAMETIMEBASKETBALLCAMPS.COM)**