

MEDICAL RELEASE AGREEMENT

I agree that all risks attendant to watching and/or participating in these activities, including, but not limited to bodily injury, are assumed by the student and his/her parents and/or legal guardian and that this assumption is acknowledged, approved and agreed to by the said student and parents and/or legal guardian as indicated by their consent hereto. Jason Otter's School of Basketball will not be financially responsible for injuries/accidents occurring during event dates registered.

I hereby certify the named camper is physically able to participate in the event and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed by the Jason Otter's School of Basketball to administer outpatient medical, surgical or dental services as appropriate or necessary antigens or other injections to perform emergency procedures as necessary or to refer in duly licensed medical personnel when indicated.