

# Derrick Lewis Basketball School, Registration Documents 2018

## Photo/Video Release:

I hereby give permission for images of my child, captured during the Derrick Lewis Basketball Camp through video, photo and digital camera, to be used solely for the purposes of the Derrick Lewis Basketball School promotional material and publications, and waive any rights of compensation or ownership thereto.

\_\_\_\_\_  
Signature of Participant

(Or Parent/Guardian if Participant is Under 18)

\_\_\_\_\_  
Date

## Medical Waiver:

I hereby authorize the Derrick Lewis basketball School staff to provide and if necessary seek emergency medical attention for my child/ward in the event of a medical problem while attending this camp. By signing below, I also waive and hold harmless the Derrick Lewis Basketball School, camp staff, and its signatories from any liability in the event my child/ward were to become injured while attending this camp.

Name of Participant (print clearly): \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_