

MEDICAL FORM WAIVER:

I, _____, AM IN GOOD HEALTH TO PARTICIPATE IN THE D3 SUPER CAMP AND DO HEREBY RELEASE D3 SUPER CAMP AND STAFF: WAYNE SAMFORD, DIRECTOR; GREGG BENNETT, CO-DIRECTOR; DENNIS ASHCRAFT, ASSISTANT DIRECTOR; AND THE UNIVERSITY OF RICHMOND FROM ANY FAULT, OBLIGATION, OR PENALTY RESULTING FROM ANY MEDICAL INJURY, INFIRMITY, OR DISABILITY AS A RESULT OF MY PARTICIPATION IN THIS BASKETBALL CAMP.

PLEASE PRINT NAME _____

SIGNATURE _____ DATE _____