

GENERAL RELEASE

As a parent/guardian of the registered child, I certify that he/she is in excellent physical health and capable of participation in strenuous activity. I hereby give my approval for his/her participation in the Goldey-Beacom College Basketball Camp. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities in which my child is a participant. I hereby release, absolve, and hold harmless the Goldey-Beacom College Basketball Camp, coaches, directors and administrators. I also agree that any pictures taken of the registered child can be used by Goldey- Beacom College for publicity purposes.

Parent/Guardian Signature: _____

Date: _____

Emergency Phone Number: _____

Relationship: _____

Please return to: TJ Dekmar, Goldey-Beacom College Athletics, 4701 Limestone Road,
Wilmington, DE 19808