

DERRICK LEWIS PROFESSIONAL EXPOSURE CAMP

Medical Waiver:

I hereby authorize the Derrick Lewis Professional Exposure Camp staff to provide and or seek emergency medical attention for I, (player's name) _____ in the event of a medical problem while attending this camp. By signing below, I also waive and hold harmless the Derrick Lewis Basketball Professional Exposure Camp staff, and its signatories from any liability in the event I was to become injured while attending this camp.

Player Signature _____

Date _____

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 *wave* any rights of compensation or ownership thereto.

Player Signature _____

Date _____

Expectations:

Lastly, I understand that by attending the Derrick Lewis Professional Exposure Camp, I am not promised or guaranteed to sign a contract with an agent or professional basketball team at the conclusion of the camp and I understand that there is no refund if I am not selected to travel to Europe.

Player Signature _____

Date _____