

**Norm Roberts St. John's Basketball Camp
CAMPER RELEASE FORM**

PARENT OR GUARDIAN MUST SIGN:

As parent or legal guardian of below applicant, I authorize the Norm Roberts St. John's Basketball Camp to request medical treatment as necessary to insure the well-being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release forever discharge Norm Roberts St. John's Basketball Camp, their staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights claims for damages to person or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury or loss are due to negligence or not.

Camper's Name (Print)_____

Parent/Guardian Signature_____

Date_____