

# Terps Basketball Camp

8500 Paint Branch Drive, XFINITY Center Rm. 0715, College Park, MD 20742

**Camper's Name:**

**Parent's Name:**

**Medical Insurance Company:**

**Policy Number:**

The undersigned, being a parent or legal guardian of the child requesting camp admittance, does hereby affirm the applicant is physically able to perform activities conducted at the Terps Basketball Camp, and I hereby give my permission for such medical procedures as may be necessary to this camper by the University of Maryland in the event of sickness or injury. I understand that, as a condition of admittance as a camper, the undersigned, on behalf of all parents and guardians, and on behalf of the applicant, hereby releases all employees or agents of the camp from any all liability from injury or illness, mental or physical, suffered by the camper during or related to camp, unless caused by willful act or gross negligence by the person or entity against whom the claim is made.

**Parent / Guardian Signature:**

**Date:**