



D3 Super Camp- Medical Waiver

I, _____
am in good health to participate in the D3 Super Camp
and do hereby release D3 Super Camp and staff:
Director-Gregg Bennett, Co-Director-Dennis Ashcraft
and the North Carolina State University from any fault,
obligation, or penalty resulting from any medical injury,
infirmity, or disability as a result of my participation in
this basketball camp.

NAME (Please print clearly) _____

Signature _____

Date _____