



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 University of Richmond 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 _____