

PAT KELSEY

BASKETBALL CAMP

I hereby authorize any medical treatment which may be advised/recommended by the attending physician while at Winthrop University. I acknowledge and understand that in participation in this camp, the possibility exists that my son may sustain physical illness/injury (minimal, serious, catastrophic) in connection with this camp. I indemnify and hold harmless Winthrop University as well as its representatives from any claims for personal illness or injury that my son may sustain during camp. I also give WU permission to utilize any photographs of my son for promotional use. If you have any questions, please call the Men's Basketball Office at (803) 323-2129 ext 6221.

Signature _____

Printed
Name _____

Date _____