

**OPTIONAL**

**NON-PRESCRIPTION ANALGESIC WAIVER**

I give permission for the trainer at the Rich Falk Basketball Camp to administer non-prescription analgesics to my child if it is deemed advisable.

Camper's Name: \_\_\_\_\_

PRINTED name of parent or legal guardian \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**OPTIONAL**

**PHOTOGRAPHY RELEASE**

Photo Release: I grant permission for the Rich Falk Basketball Camp to use photographs, audio and video of my minor child, without consideration, in any print or online materials used for information and marketing purposes.

Camper's Name: \_\_\_\_\_

PRINTED name of parent or legal guardian \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_