

## **Release Form**

I hereby authorize the directors of the Nate Smith Basketball School, LLC to act for me in accordance to their best judgment in an emergency requiring medical attention. I hereby waive and release Nate Smith, and all instructors of the Nate Smith Basketball School, LLC. I know of no mental or physical problems that may affect my child's ability to safely participate in this Nate Smith Basketball School Training. I will be responsible for any medical or other charges in connection with his/her attendance at events hosted by the Nate Smith Basketball School, LLC.

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**Parent or Guardian Signature**

**In case of emergency, please call:**

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**Name**

**Relationship**

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**Phone #1**

**Phone #2**