

This form must be completed by a parent, signed, and turned in for each individual camper at registration!!!

2017 MERCER UNIVERSITY FACILITIES USAGE FORM/BOB HOFFMAN BASKETBALL TEAM CAMP

RELEASE AND WAIVER OF LIABILITY

Camper Name _____ Age ____ Date of Birth ____/____/____
Street Address _____ City _____ State _____ ZIP _____
Parent/Guardian Name _____ Parent/Guardian Phone _____
Alternative Phone Number _____ Email Address _____
School Camper Attends _____ City _____ Grade _____
Emergency Contact _____ Relation to Camper _____ Phone () _____
Secondary Contact _____ Relation to Camper _____ Phone () _____
Medical Insurance Carrier _____ Policy Number _____
Insured/Holder Name _____ Group Number _____
Primary Physician's Name _____ Phone _____
Physical Limitations (asthma, diabetes, etc.) _____
Allergies (food/medicine) _____
List all medications taken on a daily basis _____
Additional information (surgeries/serious injuries in last 5 years) _____

1. I, _____ (printed name of "Camper" **if over 18 years of age**), know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless Bob Hoffman, Mercer University, its administrators, employees, coaches, students, and staff, as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me to and from activities from any claim arising out of any injury to myself or my child, whether the result of negligence or for any other cause.

2. I (We), _____, the parent(s)/guardian(s) of the above-named minor camper, do hereby:

- give my (our) approval for Camper to participate in activities utilizing Mercer University facilities and Mercer University athletic facilities. I (We) have read paragraph 1. above and agree to hold harmless Bob Hoffman, Mercer University, its administrators, employees, coaches, students and staff, as well as the organizers, supervisors, volunteers, sponsors, participants, and persons transporting my (our) Camper to and from activities, harmless from any claim arising out of any injury to my (our) Camper, whether the result of negligence or for any other cause.
- authorize any medical or surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold Mercer University and Bob Hoffman Basketball Camp harmless.
- understand that accident/medical insurance coverage is **NOT** provided by Mercer University or Bob Hoffman Basketball Camp. If injured while at Mercer University, on campus or in the facilities, I (we) understand that I (we) are responsible for any/all medical expenses and/or insurance coverages.
- understand that property damages and general liability insurance are **NOT** provided by Mercer University or Bob Hoffman. I (We) understand Mercer University nor Bob Hoffman are responsible for property damage resulting from the use of Mercer University facilities or athletic facilities. I (We) will be responsible for the cost of any property damage caused by our child.

_____	_____	_____
Print Full Name of Camper	Signature of Camper (only if 18 or older)	Date
_____	_____	_____
Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
_____	_____	_____
*Mandatory Printed Name of Witness	Mandatory Signature of Witness	Date

***A witness (18 years or older) signature is required. The witness can be a second parent/guardian of the camper, friend of parent, coach of Camper, etc. If no witness is present, please do not sign the form until in the presence of a basketball camp employee.**