

This form must be completed by a parent, signed, and turned in for each individual camper at registration!!!  
**2019 MERCER UNIVERSITY FACILITIES USAGE FORM/BOB HOFFMAN BASKETBALL 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, \_\_\_\_\_, 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.
- give my permission for the above-named camper, if of non-recruitable age (6<sup>th</sup> grade and younger), to be possibly photographed and pictured for the sole purpose of camp advertising.  
 Opt out: I DO NOT give permission for the above-named camper to be photographed for any reason.

Printed name of Parent/Guardian	Signature of Parent/Guardian	Date
<b>Mandatory Printed Name of Witness</b>	<b>Mandatory Signature of Witness</b>	<b>Date</b>