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

2021 UCO FACILITIES USAGE/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"), 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, University of Central Oklahoma (UCO), 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 UCO facilities and UCO athletic facilities. I (We) have read paragraph 1 above and agree to hold harmless Bob Hoffman, UCO, 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 UCO and Bob Hoffman Basketball Camp harmless.
- understand that accident/medical insurance coverage is **NOT** provided by UCO or Bob Hoffman Basketball Camp. If injured while at UCO, 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 UCO or Bob Hoffman Basketball Camp. I (We) understand UCO nor Bob Hoffman are responsible for property damage resulting from the use of UCO 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 (6th grade and younger), to be possibly photographed and pictured for the sole purpose of Bob Hoffman Basketball 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

_____ _____ _____

Mandatory Printed Name of Witness | **Mandatory Signature of Witness** | **Date**