

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

2022 UCO FACILITIES USAGE/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"), know that participation in sports may result in illness (example: Covid-19), 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, the organizers, supervisors, volunteers, sponsors, participants, and persons transporting me to and from activities from any claim arising out of any injury to myself, 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 UCO facilities and 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 illness or 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 injury emergency, and in my absence, for the well-being of the above mentioned minor. I agree to hold Bob Hoffman and UCO harmless.
- understand that accident/medical insurance coverage is **NOT** provided by Bob Hoffman Basketball Camp or UCO. If injured while at Camp, 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 for Camper by Bob Hoffman or UCO. I (We) understand Bob Hoffman nor UCO are responsible for property damage resulting from the use of UCO facilities or any other athletic facilities. I (We) will be responsible for the cost of any property damage caused by our Camper.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Mandatory Printed Name of Coach

Mandatory Signature of Coach

Date