

**UCO FACILITIES USAGE/BOB HOFFMAN BASKETBALL TEAM CAMP
RELEASE AND WAIVER OF LIABILITY FORM**

Camper Name _____ Age _____ DOB ____/____/____
 Street Address _____ City _____
 State _____ ZIP _____ School _____ Grade _____
 Parent/Guardian Name _____ Parent's Phone _____
 Alternative Phone Number _____ Email Address _____
 Emergency Contact _____ Relation to Camper _____
 Phone () _____ Secondary Contact _____ Phone () _____
 Medical Insurance Carrier _____ Policy Number _____
 Insured/Holder Name _____ Group Number _____
 Primary Physician's Name _____ Phone () _____

On next 4, please use back of paper if more room is necessary.

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) _____

I, _____ (printed name of "Camper"), know that participation in sports may result in illness (example: Covid-19), 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, other facilities, administrators, employees, coaches, students, staff, organizers, supervisors, volunteers, sponsors, participants and persons transporting Camper to and from activities from any claim arising out of any illness or injury to myself or my child, whether the result of negligence or for any other cause.

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 University of Central Oklahoma facilities or other athletic facilities. I (We) have read the paragraph above and agree to hold harmless Bob Hoffman Basketball Camp, UCO, its administrators, employees, coaches, students, staff, the organizers, supervisors, volunteers, sponsors, participants, and persons transporting my (our) Camper to and from locations, 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 Basketball Camp and University of Central Oklahoma harmless.
- ✓ understand that accident/medical insurance coverage is NOT provided by Bob Hoffman Basketball Camp or UCO. 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 Bob Hoffman Basketball Camp or UCO. I (We) understand Bob Hoffman nor UCO 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 my (our) Camper.

 Printed name of Parent/Guardian Signature of Parent/Guardian Date

 Mandatory Printed Name of Coach Mandatory Signature of Coach Date