

This form must be completed by a parent, signed, and turned in for each individual camper at registration!!! **2022 UNIVERSITY OF TULSA (TU) FACILITIES USAGE/ANGIE NELP 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 Angie Nelp Basketball, University of Tulsa (TU), 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 TU facilities and TU athletic facilities. I (We) have read paragraph 1 above and agree to hold harmless Angie Nelp Basketball, TU, 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 TU and Angie Nelp Basketball Camp harmless.
- understand that accident/medical insurance coverage is **NOT** provided by TU or Angie Nelp Basketball Camp. If injured while at TU, 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 TU or Angie Nelp Basketball Camp. I (We) understand TU nor Angie Nelp are responsible for property damage resulting from the use of TU 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 Angie Nelp Basketball Camp advertising.
 - Opt out: I DO NOT give permission for the above-named camper to be photographed for any reason.
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Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Mandatory Printed Name of Witness

Mandatory Signature of Witness

Date