

**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 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 Angie Nelp Basketball, TU (University of Tulsa) 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 TU facilities and 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 illness or injury to my (our) Camper, whether the result of negligence or for any other cause.

I 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 Angie Nelp Basketball and TU harmless.  I understand that accident/medical insurance coverage is **NOT** provided by Angie Nelp Basketball Camp or TU. 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.

I understand that property damages and general liability insurance are **NOT** provided for Camper by Angie Nelp Basketball or TU. I (We) understand Angie Nelp Basketball nor TU are responsible for property damage resulting from the use of TU facilities or any other athletic facilities. I (We) will be responsible for the cost of any property damage caused by our Camper.

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

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***Mandatory Printed Name of Coach Mandatory Signature of Coach Date***