



MEDICAL AND LIABILITY RELEASE

Player's Name _____ Birthday _____ Sex: M F

Phone (Day) _____ (Evening) _____

Names of Parents/Guardians Living with Camper:

(Last Name)

(First Name)

(Last Name)

(First Name)

RELEASE OF LIABILITY: In consideration of Multnomah University granting the above-named camper permission to participate in the basketball prospect camp, I hereby assume all risks of his/her personal injury that may result from any basketball prospect camp activity. As parent/guardian, I do indemnify, defend, and hold harmless Multnomah University, the basketball prospect camp, and its employees and instructors from and against all liability, including claims and suits at law or in equity, for injury which may result from any negligence and/or the camper taking part in sports activities.

CONSENT FOR TREATMENT AND/OR FIRST AID: In the event of injury or illness, I hereby give my consent for medical treatment and on-site first aid and to a licensed physician to hospitalize and secure proper treatment, including injections, anesthesia, surgery, or other reasonable treatment and necessary procedures for the athlete. Every attempt will be made to contact you, the parent/guardian, prior to any medical attention beyond minor first aid being given. The camper is physically fit according to our family physician, and I acknowledge that I am responsible for any and all expenses due to my child's illness or injury.

Signature

Relationship to Camper

Insurance Information: _____

Company

Policy #