

Release Form

Camper Name _____

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the camp that contains an inherent risk of physical injury, and the undersigned assumes the risk and releases Bulldog Hoop Camps, its officers, director, agents, employees, and Samford University from any and all liability for personal injury arising from the applicant's participation in the camp.

I hereby grant permission for my child _____ to attend Bulldog Hoop Camps, and to be treated by a licensed physician or member of the athletics training staff for any injury, accident, illness or other mishap. The applicant is physically fit according to our family physician, and I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary.

Parent/Guardian Signature _____ Date _____

Insurance Company _____ Policy Number _____

Questions? Call 205-726-4072 or email rketcham@samford.edu

A member institution's sports camp or clinic shall be open to any and all entrants (limited only by number, age, grade level, and/or gender)
Samford University is an Equal opportunity Institution that complies with applicable law prohibiting discrimination in its educational and employment policies and does not unlawfully on the basis of race, color, sex, age, disability, or national or ethnic origin.

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