



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](mailto: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).



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