



Medical Release, Waiver of Liability and Consent Form

Event: 2018 Richard Pitino Basketball Camp

Organization Conducting Event: Richard Pitino Basketball Camp Inc.

Full Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____ **DOB:** ____ / ____ / _____

<p>CONTACT PERSON IN CASE OF EMERGENCY:</p> <p>PLEASE PRINT CLEARLY!!</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Cell Phone: (_____) _____</p> <p>Secondary Phone: (_____) _____</p>
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MEDICAL CONDITIONS, IMPAIRMENTS AND ALLERGIES OF WHICH THE STAFF OF THE ORGANIZATION AND/OR UNIVERSITY OF MINNESOTA SHOULD BE AWARE:

(Insert "none" if none)

I understand and agree that some activities occurring as a part of or incidental to the Event may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that I have no medical condition or impairment, including the use of medication that might inhibit my active participation in the Event named above.

In the case of an injury or medical emergency, I authorize the staff or employees of Organization and/or the University of Minnesota to render first aid and/or obtain whatever medical treatment he/she deems necessary for my welfare. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees.

I forever release the Richard Pitino Basketball Camp Inc., respective directors, staff, and employees, and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have or may have in the future, for injury, death, or property damage, related to my participation in these activities, the negligence or other acts, whether directly connected to the these activities or not, and however, caused by any Release, or the condition of the premise where these activities occur, whether or not I am then participating in the activities.

I have read and understand agree to the terms and conditions of this release.

Print Name: _____

Signature: _____ Date: ____/____/____

(If the participant is under the age of 18, Parent/Legal Guardian's signature)

I am the parent or legal guardian of the minor listed at the top of this form and I am signing this release on behalf of the minor.