



Please direct all questions for team and individual camps to:

Buck Scheel

Head Women's Basketball Coach

(660) 562-1780

bscheel@nwmissouri.edu

Northwest Missouri State University

Women's Basketball Camps

2016 Registration/Release Form

Name (last, first, middle initial)

Address City State Zip

() ()
Home phone Student's cell phone

Email Date of birth Age

Name of high school

School's address Grade next fall

()
Coach's name Coach's phone

Position played

Youth Camp Only T-shirt size ☐ Youth ☐ Adult T-shirt size S M L XL (circle one)

()
Parent/Guardian Parent's work/cell phone

Address

()
Person to contact in case of emergency Phone number

Relationship

Does this camper take any medication? ☐ Yes ☐ No If yes, please explain:

If the camper has any limitations or health problems we should be aware of, please explain:

Parent's Statement (MUST be signed)

I hereby release Northwest Missouri State University from any responsibility/damages for any injuries resulting from my child's/ward's participation in the Northwest Women's Basketball Camp. If for any reason it appears that she needs medical attention, I grant permission for her to be referred at the discretion of the Northwest Women's Basketball Camp and/or University Police staff.

Parent/Guardian signature

Date

I will attend the following sessions:

___ **Youth Day Camp (Entering Grades 2-8)**

June 6-8, 2016

T-shirt included

Half Day (8:30 am - Noon) \$55

Instruction includes: defense,
ballhandling, shooting and passing.

Campers will participate in various games
and activities throughout the week.

___ **Team Shoot-Out (V and JV teams)***

June 9, 2016

Three Games Guaranteed \$150/team

* All participants must complete registration form.

Varsity Team: _____

JV Team: ___ YES ___ NO

**IMPORTANT: Please register your team(s)
by e-mail to bscheel@nwmissouri.edu**



**Register and pay online at
www.bearcatgirlsbasketballcamps.com**

or complete application and send with full payment to:

Bursar's/Cashiering

Attn: Diana Heitman

Northwest Missouri State University

800 University Drive

Maryville, MO 64468-6001

Make checks payable to Northwest Missouri State University.

ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY AGREEMENT

In consideration of the services provided by Northwest Missouri State University, its board, employees, volunteers, participants, and all other persons or entities acting in any capacity on its behalf (collectively referred to as "UNIVERSITY") in conjunction with the _____ ("Event"), I hereby agree to release, hold harmless, and discharge UNIVERSITY, on behalf of myself, my children, my parents, my heirs, assigns, personal representatives and estate as follows:

1. I acknowledge that my participation in the Event entails known and unanticipated risks, which could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
2. I expressly agree and promise to accept and assume all of the risks existing in this Event. My participation in this Event is purely voluntary, and I elect to participate despite the risks. I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in the Event, with the understanding that the cost of any such treatment will be solely my responsibility.
3. **I hereby voluntarily release, waive, and forever discharge any and all claims of negligence against UNIVERSITY that relate in any way to any activity I undertake in conjunction with the Event, including transportation to and from the Event.**
4. Should UNIVERSITY or anyone acting on its behalf, be required to incur attorney's fees and costs to enforce this Agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I understand that UNIVERSITY does not maintain an insurance policy that would provide coverage in the event that I am injured during the Event or cause any injury during the Event. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in the Event, or else I agree to bear the costs of such injury or damage myself.
6. I understand that UNIVERSITY may photograph, film, and/or record ("Medium") my participation in the Event. I authorize UNIVERSITY to use Medium and my likeness in conjunction with any UNIVERSITY marketing and/or promotional materials, including, but not limited to, social media accounts. I understand that I will not be compensated in any way for such use.

In the event that I file a lawsuit against UNIVERSITY, I agree to do so solely in the State of Missouri, and I further agree that the substantive law of Missouri shall apply without regard to conflict of law rules. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.