



MEDICAL RELEASE & ACKNOWLEDGMENT FORM

This release is executed and acknowledged on the ____ day of _____, 2019 by the parent and/or Guardian of _____, hereinafter referred to as “Releasor”, for good and valuable consideration does forhimself and personal representatives, heirs, assigns and next-of-kin, hereby release, waive, forever discharge, indemnify and covenant not to sue the Board of Regents of the University of Oklahoma, its officers, members, employees, agents and representatives, hereinafter collectively referred to as “Releasees”, and agrees to hold harmless, defend and indemnify the same, for any and all loss, damages, claim, demand, action or right of action of whatsoever kind or nature either in law or in equity, arising from or by reason of any personal injury, known or unknown, death and/or property damage resulting or to result from participation in Lon Kruger Basketball Camp operated by Lon Kruger on the University of Oklahoma Campus.

Further, I recognize and acknowledge the potential risks and dangers involved in participation in such a camp and its related activities including travel related to field trips and other camp activities. I acknowledge and hereby state that my participation in this activity is entered intoas a free and voluntary act and is in no way connected with any course credit or requirements of the Releasees. I further acknowledge that the Lon Kruger Basketball Camp is sponsored and operated by Lon Kruger. This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital.

I hereby certify that I am the parent and/or guardian of _____, a Minor, and that the foregoing matter has been fully explained to me and I, for and on behalf of said Minor, do hereby release all liability, indemnity, and covenant not to sue as set forth in the body of the RELEASE above, with the same force and effect as if executed by me. Further, as parent and/or legal guardian, I hereby give consent and authorize Lon Kruger Basketball Camp, the University of Oklahoma and Releasees to secure emergency medical treatment for Releasor, while said Minor is in attendance at Lon Kruger Basketball Camp conducted by Lon Kruger. Releasor further states that she/he has carefully read the foregoing Medical Release and Acknowledgement and knows the contents thereof and signs this form as his/her own free and voluntary act.

Parent Name _____ Relationship _____

City _____ State _____ Zip _____

Email _____

Phone (H) _____ (W) _____

In case of emergency, if parent or guardian cannot be reached contact: _____

Telephone _____

Physician Medical Form

Name of Camper _____

Any injuries or sickness? _____

Allergies _____

Shots Current Through _____

Medications _____

*Parents Signature _____ Date _____

*Physician's Signature _____ Date _____

***** This must be signed by the parent and/or physician in order for your child to attend camp.**