

CONSENT, WAIVER, INSURANCE AND MEDICAL INFORMATION

Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camps 2014)

If any illness, injury, or other condition or occurrences arise which, in the sole judgment of the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp), needs attention from medical service personnel (whether physician, nurse, emergency medical technician, paramedic, hospital, or other medical care providers), then I hereby give consent to any member of the staff of the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) to obtain such medical care for my child/ward as the staff member decides is needed.

I understand that, if needed, medical care will be sought from the staff of a local hospital (physicians, nurses, technicians, therapists, etc.) and grant permission for this care to be provided. I further consent to and ratify the signing of any releases by such staff persons, which are required by any medical care provider.

I hereby indemnify and hold harmless Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) and any and all staff members and employees of the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) from any and all costs, expenses, damages, or other liabilities arising from any acts or omissions of staff members and medical care providers in connection with the matters set forth in this document. I understand and agree that as a condition of participation in the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp), my child/ward must be fully capable of administering to himself, without assistance, any medication (such as insulin, allergy shots, oral medication) that my child/ward needs or is required to take as a result of any condition existing as of the day prior to the day the session starts. I further understand and agree that any braces or protective devices used by my child/ward must be supplied by the parent/guardian.

I understand that the cost of any medical care deemed necessary for the treatment of any injury, accident, or illness while my child/ward attends the camp is my responsibility and that the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) is not obligated to pay for such medical care. The cost of any medical care must be paid for by the parent/guardian.

I understand and acknowledge that the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp)) is a privately run sports camp, and is not operated by or through Western Kentucky University. The camp is neither sponsored, controlled, nor supervised by Western Kentucky University, but rather is under the sole sponsorship, control, and supervision of the Camp Director, Ray Harper.

I understand and agree that participation by my child/ward in the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) is at the sole risk of my child/ward. As the parent/guardian I assume that risk. I hereby indemnify and hold harmless the Ray Harper Basketball Camp, LLC (Ray Harper Basketball Camp) from any and all costs, expenses, damages, and

other liabilities arising from or by reason of my child's/ward's participation in the Ray Harper Basketball Camp, L

CAMPER'S REGISTRATION IS NOT COMPLETE IF THE BELOW INFORMATION IS NOT PROVIDED!

Parent's Name _____

Signature _____ Date _____

Name of Medical Insurance Company: _____

Address: _____

Policy Number and Effective Date: _____

Address Claim To: _____

Policy Holder and Relationship to Camper: _____