

Liability and Waiver form

Reminder, please bring a photo copy of the front and back of your insurance card to the registration.

Mike McGuire Basketball Camps LLC are sponsored and run by Mike McGuire, and may be held at Radford University and use of some of the University’s facilities. However, Mike McGuire Basketball Camps LLC is not sponsored or run by the University, and Coach and Coach’s assistants are not employees or agents of the University in operating the camp. Mike McGuire Basketball Camps LLC has a no refund policy and is not allowed to give discounts of any kind.

Please read the following agreement carefully before signing. Although camp participation is encouraged, it is encouraged only if health and safety are considered. Mike McGuire Basketball Camps LLC has a no refund policy.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand a risk of participating in any sport, including basketball, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the camp coaches or assistants as soon as the problem begins.
2. By signing below, I certify the following:
 - My child is not currently under the care of a physician for an injury or illness which would prevent his or her participation in the summer camp;
 - My child is not currently being treated for or recovering from an orthopedic injury which would prevent his or her safe participation in the summer camp;
 - My child has no history of fainting or other problems related to strenuous exercise; and
 - My child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date _____

CONSENTS:

1. By signing below, I hereby give permission for Mike McGuire Basketball Camps LLC and its employees and agents to obtain medical treatment for my child, _____ in the event of accident or illness during his/her presence at the camp.
2. By signing below, I hereby give consent to have my child photographed or video-audio taped during camp activities and I agree the images obtained may be used for educational or public relations purposes by Mike McGuire Basketball Camps LLC.

Parent/Guardian Signature _____ Date _____

RELEASE:

1. In consideration for accepting my child into Mike McGuire Basketball Camps LLC, which uses University facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss sustained by my child as a result of his or her participation at the camp. I also certify I have health insurance which provides adequate coverage for injuries and illnesses my child may sustain while participating in Mike McGuire Basketball Camps LLC.
2. By signing below, I also agree to release and promise not to sue Commonwealth of Virginia, Radford, or their employees or agents, for any damages, loss, injury, or death arising for my child’s participation in Mike McGuire Basketball Camps LLC, unless such damages, loss, injury, or death are caused by willful and wanton conduct of such employees or agents.

Parent/Guardian Signature _____ Date _____

MEDICAL HISTORY:

Is there anything medically Mike McGuire Basketball Camps LLC Staff should know about the camp participant? (ex. Diabetes, allergies) Please explain: