



Troy Women's Basketball Elite Camp 2019 June 5

Troy Women's Basketball coaching staff and players will host an elite training camp focused on developing skills needed to compete at the next level. Open to 8th – 12th grade girls basketball players. This intense training will include instruction from the Troy women's basketball coaching staff & players, instruction on speed & agility training needed to improve your game, and you will be given guidance on the NCAA Eligibility Center and the necessary steps to be prepared for the collegiate level.

Girls 8th - 12th grade
at Troy University Trojan Arena 1:00pm-8:00pm
\$75.00/player
(includes dinner, t-shirt and basketball)

Name & Grade _____

School _____

Parent's Name _____

Contact Number _____

E-mail Address _____ T-Shirt Size _____

Please make checks payable to: **Troy Basketball Camp**

(Attn: Troy WBB Camps 5000 Veteran's Stadium Dr. Troy, AL 36082)

Any questions or if you need housing because of your participation in team camp the following day please contact:

Jennifer Graf at 334-670-5718 jgraf@troy.edu

All camps are open to all entrants (limited only by number, age, grade level and/or gender).



**TROY UNIVERSITY INFORMED CONSENT, VOLUNTARY WAIVER,
RELEASE OF LIABILITY AND ASSUMPTION OF RISKS**

CAMP INFORMATION

Camp Name: _____

Date(s): _____ Time(s): _____

Location: _____

CAMPER INFORMATION

Name of Camper: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____ Gender: M F

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE REFERENCED CAMP.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced camp (hereafter "Camp") on the date(s) and location indicated above and, in consideration for my Child's participation, I hereby agree as follows:
I acknowledge, understand and appreciate that as part of my Child's participation in the Camp there are dangers, hazards and inherent risks to which my Child may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Camp may involve risks and dangers, both known and unknown, and have elected to allow my Child to take part in the Camp. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life or damage to property arising out of training, preparing, participating and traveling to or from the Camp.
I, on behalf of my Child, hereby release Troy University, its Board of Trustees, Administration, Faculty, Staff, Student Leaders, the Conference Services Office, the Camp Staff, and all other officers, directors, employees and agents (hereafter "Troy") from any and all liability as to any right of action that may accrue to my heirs or representatives for any injury to my Child or loss that my Child may suffer while training, preparing, participating and/or traveling to or from the Camp. This agreement is binding on my heirs and assigns.
I, on behalf of my Child, furthermore release, indemnify and hold harmless Troy from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to person or property that my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Camp. I understand that Troy accepts no responsibility for my Child's personal property.
In the event of an accident or serious illness, I hereby authorize representatives of Troy to obtain medical treatment for my Child on my behalf. I hereby hold harmless and agree to indemnify Troy from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during his/her participation in the Camp.
This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage or loss as a result of my Child's participation in any part of the Camp, shall be brought only in Pike County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

A PARENT OR GUARDIAN MUST SIGN THIS FORM FOR A MINOR UNDER THE AGE OF 19

Participant Name _____ Parent Name _____

Participant Signature _____ Parent Signature _____

Date _____ Date _____