

# COWBOY BASKETBALL CAMP

## 2017 SKILLS DAY CAMP: JUNE 12th-14th

### 3-DAY CAMP 9am - 4pm

**LOCATION:** LARAMIE, WY: FIELD HOUSE NORTH      **PRICE:** \$205—LUNCH PROVIDED ALL 3 DAYS

Camper's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
 Cell Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 School \_\_\_\_\_ Grade Entering \_\_\_\_\_ H.S. Letterwinner? (Y/N) \_\_\_\_\_  
 T-shirt Size (circle one):    Adult:    S       M       L       XL       XXL

Internal Use	
Tuition	_____
Bal. Paid	_____
Bal. Due:	_____
Check #	_____
Date	_____
Initials	_____

You may also register online on our website [www.CowboyBasketballCamps.com](http://www.CowboyBasketballCamps.com)

**\*\*Please send a separate application and payment for each child attending\*\***

**Please make checks payable to: Allen Edwards Basketball Academy, LLC.**

**Send to: Cowboy Basketball, Dept. 3414 1000 E University Ave. Laramie, WY 82701**

#### Parental Waiver and Release

In consideration of being allowed to participate in this camp, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE the University of Wyoming, Allen Edwards Basketball Academy, LLC., the State of Wyoming, and their officers, servants, agents, or employees (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on, or upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in anyway with the camps' activities. I am fully aware of risks and hazards connected with this camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE, OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage, or cost, including court costs and attorneys' fees, that may accrue related to my/my child's participation in this camp, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE, or otherwise.

During the period of camp, I hereby give permission for the staff of the University of Wyoming or this camp to administer appropriate medical attention to me/my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Wyoming. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate, and complete consideration fully intending to be bound by same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Insurance Co. \_\_\_\_\_

Policy No. \_\_\_\_\_