

ACKNOWLEDGEMENT OF RISK AND WAIVER OF LIABILITY

Both participant and parent / guardian must read this Acknowledgement of Risk and Waiver of Liability carefully and in its entirety. It is a binding legal document. I, the undersigned, am aware that participation in the University of Idaho Women's Basketball Camp ("Camp") may include activities that are risky and dangerous. Both participant and their parent / guardian ("I") acknowledge and accept the risks and give permission for participation in the Camp. I acknowledge that participation in this Camp includes the following non-exhaustive list of **particular activities that bear risk and danger** and from which bodily injury to myself, or my child, up to and including mortal injury, may occur: strenuous physical activities that can cause joint, muscle, bone, head and other injuries, including injuries caused by contact with other participants; activities supplemental to the Camp, such as walking to and from facilities and sites of interest; use or operation, by myself or others, of athletic and other equipment; transit to or from the Camp locations and activity locations; staying overnight on or off campus; risk related to the rendering or receipt of emergency first aid, or other emergency treatment, and transport in medical emergencies; exposure to contaminated food and untreated water; and other unknown and unanticipated activities and risks.

In consideration of the University of Idaho ("UI") permitting me or my dependent to participate in the Camp, I and my dependent hereby voluntarily assume all risks associated with participation. To the extent permitted by law, I agree to indemnify, defend, save, hold harmless, discharge and release the State of Idaho, the Regents of the University of Idaho, their agents and employees from any and all liability, claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the above name Camp, even if caused by the University's negligence or carelessness. It is my express intent that this Acknowledgement of Risk and Waiver of Liability shall serve as a release, discharge and assumption of risk for my heirs, estate, executor, administrator, assigns and all members of my family. I understand that disregard for University of Idaho policies and applicable laws may be considered grounds for dismissal from Camp, and prompt return home at my/parent expense.

I hereby certify that I am in good health and I know of no medical reason why I am not able to participate in this Camp. I hereby consent to first aid, emergency medical care and if necessary, admission to an accredited hospital when necessary for executing such care, for treatment for injuries that I may sustain while participating in any activity associated with the above named Camp. I am responsible for any and all medical cost incurred on my behalf.

I agree that you may photograph me or my child during, and in connection with, the Camp. I agree that you shall be the exclusive owner of all photographs and copyright and other rights in the photographs.

_____ Yes _____ No (Mark with an X)

Camper's signature _____

Parent / Guardian's signature _____

Parent / Guardian – PRINT Name _____

Date _____

EMERGENCY CONTACT INFORMATION – PLEASE PRINT

Name _____

Relationship to participant _____

Phones:

WORK _____ HOME _____ CELL _____

Place
Stamp
Here

**University of Idaho
Women's Basketball
P.O. Box 442302
Moscow, ID 83844-2302**

UNIVERSITY OF IDAHO



**VANDAL WOMEN'S
BASKETBALL
CAMP**



Team Camp

June 12-14, 2009

Individual Camps

June 15-17, 2009

WOMEN'S BASKETBALL CAMP 2009

TEAM CAMP:

Idaho Team Camp is designed to give high school coaches and their teams an opportunity and atmosphere to take their game to another level. The camp will consist of defensive and offensive instruction, practice opportunities, and live play vs. other teams. Camp Staff and coaches will be available to assist players and coaches throughout the camp.

Accommodations for campers will be at Theophilus Tower on the University of Idaho campus. There are three accommodation options which cater to the needs of each camper:

- Resident (lodging & meals) \$125 per athlete
- Commuter (with meals) \$90 per athlete
- Commuter (no meals) \$50 per athlete

Check-in for team camp will begin on Friday, June 12 at 2:00 p.m. at the Theophilus Tower.

If you would like more information about Team Camp, or to register, visit our website at www.vandalcamps.com

INDIVIDUAL CAMP:

June 15-17, 2009

Junior Vandals (grades K-6) 9:00 am - 12:00 pm
(8:30 am check-in on June 15 at Memorial Gym)

Vandals Camp (grades 7-12) 1:00 - 4:00 pm
(12:30 pm check-in on June 15 at Memorial Gym)

Idaho Individual camp is for athletes with a desire to grow and improve as basketball players. We provide athletes with an arena to learn, practice and develop the offensive fundamentals used by the Idaho Women's Basketball Team. Athletes will practice and play one-on-one and three-on-three, as well as many other live situations.

This is a great opportunity for players to develop their skills in a fun and competitive environment.



Registration forms are available at www.vandalcamps.com

For more info, please contact
Christa Sanford at (208) 885-4696
Cell: (208) 310-9204
email: csanford@uidaho.edu



UNIVERSITY OF IDAHO

WOMEN'S BASKETBALL CAMP 2009

_____ Team Camp

- Resident (lodging & meals) \$125 per athlete
- Commuter (with meals) \$90 per athlete
- Commuter (no meals) \$50 per athlete

_____ Junior Vandal \$40 per athlete

_____ Vandal Camp \$40 per athlete

Name _____

Birthdate _____

Address _____

City _____ State _____ Zip _____

Telephone _____

E-mail _____

School _____

Head Coach's Name _____

Parent/Guardian Name _____

T-Shirt Size (circle one) YM YL M L XL

Payment

*If you are a member of a team that is coming to camp, you will give your payment directly to your Head Coach.

*If you are coming to camp on your own, send check or money order payable to:

UI Womens' Basketball Camp
c/o Christa Sanford
P.O. Box 442302
Moscow, ID 83844-2302

Make sure your name is included so we can distinguish who the payment is for.

Insurance Information

*Please bring a copy of insurance card.

Policy Holder _____

Policy Holder's Birthdate _____

Policy Holder's PH # _____

Insurance Company _____

Address _____

City _____ State _____ Zip _____

Telephone _____

Insurance ID/Group Number(s) _____