

# 2019 Bob Richey Team Camp

## Coaches Information Form

School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

School Address: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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### Statement of Coach's Responsibility

My signature below indicates that \_\_\_\_\_ understands it assumes  
(Insert name of school)  
responsibility for any damages to Furman University property that may occur as a result of said  
team's participation in Bob Richey's Team Camp at Furman University. Due to NCAA rules, it is  
not permissible for Furman University's Department of Athletics or its coaches, staff or  
employees to cover expenses related to lost or damaged property.

Printed Name \_\_\_\_\_

Coach's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

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School Name: \_\_\_\_\_

Dates Attending(circle):     June 21, June 22, Both

Coach's Name: \_\_\_\_\_ Coach's Cell #: \_\_\_\_\_

Coach's Shirt Size: \_\_\_\_\_

Type of Team(circle): Commuter Team     Resident Team

Team Level:     Varsity(circle level):     A(highest)     B(average)     C(lowest)

Junior Varsity

<u>Team Roster</u>			
Player's Name	Paid	Medical Waiver	Shirt Size
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

# 2019 Bob Richey Team Camp

## RELEASE, WAIVER, & MEDICAL TREATMENT AGREEMENT

BEFORE SIGNING, READ THIS DOCUMENT COMPLETELY.

Name of Activity: 2019 Bob Richey Basketball Camp, AMJ Hoops LLC (Activity")

In consideration of being permitted, and 100% voluntarily choosing to participate in the Activity, I/We promise the participant will take due care during such participation, and I/We hereby agrees as follows:

### ACKNOWLEDGEMENT, ACCEPTANCE, & ASSUMPTION OF RISK:

. I/We acknowledge that the Activity will take place upon and utilize private property, and I/We are aware of the hazards and risks that may be associated with participation, including, but not limited to, personal injury, pulled/strained muscles, injuries to joints and ligaments, cuts and bruises, concussions, sprains, broken bones, dental injury, increased heart rate, heart attack, stroke, death, other bodily injury to the participant or others, property damage, and travel to and from locations visited during the Activity.

. I/We know of no mental, physical, or health condition that would affect the participant's ability to safely participate in the Activity.

. I/WE EXPRESSLY AND VOLUNTARILY ASSUME ALL RISK AND RESPONSIBILITY REGARDING ALL DANGERS, RISKS, AND HAZARDS ASSOCIATED WITH THEACTIVITY.

### MEDICAL STATUS & TREATMENT AUTHORIZATION

. If the participant becomes injured or ill during the camp/activity, I/We hereby give permission to the Activity director and staff to act for me according to their best judgment, and I/We hereby authorize the physician selected at their discretion, and emergency responders, to arrange or render medical treatment, evacuation, or any other medical services deemed necessary or appropriate for the participant's safety and well-being.

. The participant hereby has permission to participate in all Activity events without limitation.

. I/We understand that help or medical treatment may not always be available, and it is my and the participant's sole responsibility to seem and pay for all medical help administered in all instances. I/We an/are solely responsible for primary medical insurance coverage and any bodily or property injury, loss, or damage sustained by the participant while attending the Activity.

### UNCONDITIONAL RELEASE & WAIVER, INDEMNIFICATION, & COVENANT NOT TO SUE:

7. I/WE HEREBY FOREVER WAIVE, REMISE, RELEASE, DISCHARGE, AND AGREE TO PROTECT, INDEMNIFY, AND HOLD HARMLESS THE RELEASED PARTIES from all and any liability, claims, demands, actions, causes of action, expenses, damages, and costs (including attorney's fees), judgments, and executions, without monetary limit, which I/We ever had or now has,

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or may in the future have, on account of property damage or personal injury (including death) that may

8. occur from any cause, accident, incident, or occurrence arising out of, incidental to, or in any way resulting from participation in the Activity, whether or not caused directly or indirectly, in whole or in part, by the past, present, or future negligent or grossly negligent acts or omissions, or by the willful, wanton, or reckless misconduct, negligence, or gross negligence of, any of the Released Parties.

8. I/We hereby confirm that I/We unconditionally covenant and agree I/We shall not make any claim or demand or institute any suit or action at law or in equity against the Released Parties based upon any accident, incident, or occurrence arising out of, incidental to, or in any way resulting from my or the participant's participation in, or presence at, the Activity.

OTHER:

9. Duration. This Agreement applies at all times, whether or not interrupted or suspended, that the participant is participating in, attending, or otherwise associated with the Activity. This Agreement also survives the term of said participation, attendance, or association. No term, condition, or covenant may be changed, waived, discharged, or terminated orally, but only by an instrument in writing signed by the party against whom enforcement of the change, waiver, discharge, or termination is sought.

10. Media Rights. I/We grant full permission to take and use photographs and videos of the participant for use on print or digital media, without notifying me or the participant, for promotion of Bob Richey Basketball, LLC or the Activity. I/We hereby waive any right to inspect or approve said promotional material, now or in the future.

11. I/We hereby agree to abide by all rules and regulations of Bob Richey Basketball, LLC.

12. I will immediately notify the Activity director if any statements are no longer true or accurate.

13. No refunds will be awarded for dismissal due to disciplinary action, voluntary withdrawals, or health matters.

14. If any part of this Agreement is unenforceable for any reason under applicable state law, the remaining part is to remain in force and not be affected in any way.

15. This Agreement may be treated as a defense to any action or proceeding brought or instituted by me or the participant or in my behalf, and this Agreement is a complete bar to the commencement or prosecution of any action or proceeding whatsoever against the Released Parties by me, the participant, or any party claiming by or through either. This Agreement is clearly intended to include all expenses of litigation, costs, attorney's fees, and other expenses related to said occurrence or casualty.

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. This Agreement contains the entire agreement between the parties hereto, and its terms, conditions, and covenants are contractual and not mere recitals.

. By this Agreement, I/We intend to bind ourselves and our heirs, executors, legal representatives, administrators, survivors, and beneficiaries.

. I, *WE, AND PARTICIPANT*, includes the participant named below and, if under 18 years of age, his/her parent or legal guardian, and the participant's heirs, executors, legal representatives, administrators, survivors, and beneficiaries.

. *RELEASED PARTIES* includes AMJ Hoops, LLC, Furman University, and all their members, owners, agents, employees, officers, boards, representatives, insurers, and all other related persons, patrons, sponsors, supporters, volunteers, firms, corporations, and entities known or unknown, past, present, or future, and their successors and assigns.

. I/We have completely and carefully read this entire Agreement and fully understand and intend to abide by all its terms, provisions, and conditions. I/We hereby execute this Agreement freely, voluntarily, of my own accord, and with full knowledge of its significance. I/We understand that the Released Parties have relied upon my representations in allowing the participant to participate. I am 18 years of age or older (or the parent or legal guardian of any participant under the age of 18), of sound mind, in good health, competent, and authorized to sign this Agreement.

THIS AGREEMENT IS INTENDED, AND IS TO BE CONSTRUED, TO EXCLUDE THE RELEASED PARTIES FROM ANY AND ALL LIABILITY & DAMAGES RESULTING FROM ATTENDANCE AND PARTICIPATION IN THE ACTIVITY.

\_\_\_\_\_  
Name of Participant (Print)

\_\_\_\_\_  
Signature of Participant (if 18 or over)

\_\_\_\_\_  
Name of Parent/Guardian, if any

\_\_\_\_\_  
Signature of Parent/Guardian (if Participant under 18) (Print)

Address & Telephone Number.

\_\_\_\_\_  
Furman University — Department of Athletics — 3300 Poinsett Hwy — Greenville, SC29613