

OKLAHOMA GOLD WRESTLING CAMP APPLICATION

FORM 7 - ACKNOWLEDGMENT AND ASSUMPTION OF RISK AND RELEASE MEDICAL & EMERGENCY CONTACT INFORMATION (below)

PLEASE COMPLETE FORMS AND MAIL TO:

Jack Spates, University of Oklahoma, 180 West Brooks St., Rm 2600, Norman, OK 73019

PLEASE PRINT LEGIBLY (All forms must be completed in full to be accepted)

Name _____ Age _____ Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Coach's Name _____ Coach's Cell # _____

Coach's Email: _____

Home Phone _____ Parent's Work Phone _____

School Attending _____ Grade (Upcoming year) _____

Have you lettered in any sport? Yes No

E-mail _____

General Information

I'll attend camp as a: resident (*live and eat at camp*) commuter

Brockport New York Camp: June 25th - June 29th, 2011

I'll attend the: Kids Camp (*Ages 6-12*) Team Camp Technique Camp
 Intensive Camp

Smithtown New York Camp: July 5th - July 8th, 2011 (*a commuter camp only*)

I'll attend the: Kids Camp (*Ages 6-12*) Technique Camp

Norman Oklahoma Camp: 3 Sessions - July 9th - July 18th, 2011

I'll attend the: Week 1 (July 9th - 13th) Technique Camp Team Camp
 Week 2 (July 14th - 18th) Technique Camp Team Camp
 Kids Camp (*Ages 6-12*)
 10 day (July 9th - 18th) Technique Camp
 10 days Intensive Camp

Disclaimer of Liability

The University of Oklahoma, It's Athletic Department, and it's staff do not assume liability for any injuries incurred what at camp or on the way to camp. Parents should contact their own insurance carrier to secure additional insurance for the camper, if necessary. As a condition of enrollment, the following Disclaimer of Liability must be signed and dated by the camper's parents or guardians.

If you have internet access, please download medical and consent forms from oklahomagold.com

Signature _____ Date _____

The Oklahoma Gold sports camp is operated as an individual enterprise and is not owned, sponsored, or operated by the University of Oklahoma.

I am aware of the dangers involved in participation in the physical activities of the Oklahoma Gold camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Oklahoma Gold camp involves competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body.

Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches.

My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Oklahoma Gold camp, its owners, employees, and volunteers; the University of Oklahoma, its officers, agents, and employees—including without limitation, equipment personnel, and physicians and other practitioners of the healing arts—from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp.

The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Participant Signature _____ Name Printed _____ Date _____

Parent/Guardian Signature _____ Parent/Guardian Name Printed _____ Date _____

Name of Insurance Company _____ Policy Number _____

MEDICAL & EMERGENCY CONTACT INFORMATION

Chronic Illnesses _____

Date of last tetanus _____

Allergies _____

Medications _____

Social Security # _____ Birthdate _____

Address of Parent/Guardian _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Emergency Contact (other than Parent/Guardian): _____

Relationship: _____ Phone #: _____