



2020 Regis University Women's Basketball High School Team Camp

Player Waiver and Insurance

School: _____

Name of Player: _____ DOB: ___/___/___ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home/Cell Phone: _____ Email: _____

Participation in athletic events and physical activities involves certain risks.

Regis University and Molly Marrin Basketball, Inc employees will not assume responsibility for any injury while participating in the Regis Women's Basketball Camp. Nor will they be held liable for lost or stolen items while on the Regis campus, this includes items lost or stolen in the gym, hotel, and campus.

My signature below indicates that I hereby release Regis University and Molly Marrin Basketball, Inc coaches and employees from all claims for injury, death, loss, or damage that I may suffer as a result of my participation in the 2020 Regis University Basketball Camp.

Participants Signature: _____ Date: _____

Parent or Legal Guardian Signature: _____ Date: _____

Parent's Name: _____

Cell / Home Phone: _____

Emergency Contact Person: _____ Phone: _____

Health Insurance Company: _____

Policy Plan #: _____