

# LAWTON-FORT SILL CAVALRY SUMMER BASKETBALL CAMP PARTICIPANT RELEASE FORM

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address (City, State, Zip Code): \_\_\_\_\_

Home Phone: \_\_\_\_\_

Emergency Contact:

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

LFS Cavalry Summer Basketball Camp Parent/Guardian Consent:

I, \_\_\_\_\_, release, waive and forever discharge any and all claims of damages or causes of action, including but not limited to death, personal injury or loss or damage to property, which I, or the above stated on this release form, may have or which may hereinafter accrue to me or my representatives in connection with (a) my voluntary participation in the July 7-11 Basketball Camp (b) the release and dissemination of Health Information, or (c) otherwise, and which may be asserted by me or my representatives against the Lawton-Fort Sill Cavalry and each individual owner, (the locations of the clinic) and, for each such Released entity, its respective officers, directors, owners, governors, officials, volunteers, employees, agents, representatives, successors and assigns whether caused by the acts, omissions or negligence of any release or by any other person or entity.

I, \_\_\_\_\_(initials), acknowledge and accept sole responsibility for all the hazards and risks associated with or related to my participation in the Summer Basketball Camps and for any damage or injury that I may cause others; I expressly assume all risks of injury (including permanent disability and death) arising out of the above stated participant in the July 7-11 Summer Basketball Camp, howsoever caused or arising and whether by negligence or otherwise, and accept personal responsibility for the damages following such injury.

By signing this form below, I acknowledge that I have received, read and understand the provisions set forth above, and voluntarily consent to and accept the terms therein for the activities on July 7-11 LFS Cavalry Summer Basketball Camp.

AGREED TO AND ACCEPTED BY:

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Signature

Date

Printed Name

**Deadline:** For Session I: Please return this form no later than **Friday, May 30**. After that date bring this form along with the registration form to the camp to register onsite.

**Please Mail To:** Lawton-Fort Sill Cavalry  
Attn: Summer Basketball Camp Registration  
629 SW C. Ave., Third Floor  
Lawton, Ok 73501

This form must be completed and include \$100 cash or money for Advance Registration by May 30 **OR** the participant will have to walk-in register at the clinic for a fee of \$100 cash or money order.