

I request that you accept this application for enrollment in Viterbo University basketball clinic. In consideration of your acceptance of this application, I release Viterbo University, its employees and Board of Directors of Viterbo University from all claims on the account of any injuries which may be sustained by the applicant while attending camp. I agree to indemnify and hold Viterbo University, its employees and Board of Directors harmless for injury and expense, including costs of defense, which may result from activities associated with participation in basketball camp. If medical attention is required for injury or illness for the above named applicant, I give my permission for such medical care; and I take full responsibility for payment of such medical care.

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Parent/Guardian Name (printed)

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

Insurance Company \_\_\_\_\_

Group or Policy # \_\_\_\_\_