

**Texas Tech Golf Camps  
Camps/Clinics - 2021  
Medical Release/Waiver Form**

Camp/Clinic Dates: June 17-20, 2021

With the signature(s) below, permission is hereby granted for (participant) \_\_\_\_\_ to participate in all practice sessions, games and other activities involving Texas Tech University Golf Camp. This permission extends to any travel to and from campus, any and all practice sessions, games and other activities sponsored and arranged by TTU Golf Camp. This permission is granted without reservation. Recognizing the risks presented by sport the signature(s) below indicate(s) a knowing, voluntary release of any claim which might be asserted against Texas Tech University, its representatives, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, and volunteers.

By waiving any rights to assert a claim, I am agreeing to release, absolve, indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in TTU Golf Camp.

My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to the activities of the Camp, including any travel to and from any activities sponsored and arranged by the Camp. This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transportation to the nearest medical facility adequate to treat the emergency.

Participant \_\_\_\_\_ has the following medical condition(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE PRINT:**

Mother's name \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_\_  
Work/Cell Phone \_\_\_\_ - \_\_\_\_\_

Father's name \_\_\_\_\_ Home Phone \_\_\_\_ - \_\_\_\_\_  
Work/Cell Phone \_\_\_\_ - \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_\_  
Address \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_  
Address: \_\_\_\_\_

Health Insurance Plan: \_\_\_\_\_  
Medical Plan # \_\_\_\_\_

*I have read the authorization to play, medical release and waiver, and acknowledge that I understand it and agree to be bound by it.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Please email this form to: [jojo.robertson@ttu.edu](mailto:jojo.robertson@ttu.edu)  
If you have any questions call JoJo Robertson at 806-787-5518.