

2021 RECHELLE TURNER BASKETBALL CAMPS MEDICAL RELEASE FORM

Camper's Name: _____

Parent's Name: _____

(Policy Holder Name)

Policy Holder's Social Security Number: _____

Name and Address of Insurance Company: _____

Insurance Co. Telephone: _____

Policy Number: _____

Group Number: _____

Any Other Identification: _____

Name and Address of Employer: _____

I verify the camp applicant is in good health and suffers from no illness, disability, or condition that requires the taking of medication on a regular basis, unless the condition is disclosed and approved. I hereby authorize the Directors of Rechelle Turner Basketball Camps to act for me according to their best judgment in any emergency requiring medical attention. If the camper should disregard the said rules, neither the camper, parent, nor guardian of the camper may hold Rechelle Turner, the Murray State basketball camp, nor its' staff responsible for resulting consequences. I, the undersigned hereby expressly agree to be responsible for any medical bill incurred in the treatment, or any illness, or accident (mental or physical). Also, as a condition of admittance as a camper, and on behalf of the applicant, I hereby release Rechelle Turner, Murray State University, and all other employees/agents of the camp from any and all liability from injuries.

Please Note: A copy of Murray State University's Annual Security Report can be obtained by contacting the Murray State Police Department at (270) 809-2222 or by accessing the following:

[Annual Security Report](#)

Parent/Guardian Signature: _____ Date: _____

MURRAY STATE
WOMEN'S BASKETBALL