

Old Dominion University
Recreational Sports Department
ALL STAR NIGHT ENTRY FORM

COMPETITION: (check all that apply)

____ Slam Dunk ____ Free Throw ____ Point Campus Challenge

PARTICIPANT'S NAME: (Please Print Legibly): _____ UIN: _____

E-Mail Address: _____ Contact Phone Number: _____

ATTENTION**ATTENTION**ATTENTION**ATTENTION**ATTENTION**ATTENTION

Your participation in this activity could result in physical injury which could be serious or fatal! Old Dominion University assumes no responsibility for injuries received during recreational activities. Participation is completely voluntary. It is strongly recommended that all participants have a physical examination and secure adequate medical insurance prior to participation.

By signing below, I attest that I have read the warning statement above, and assume all financial responsibility for any and all medical treatment and transportation. If I have or have had any physical conditions, limitations, problems, or surgery, particularly of the heart, lungs, joints, muscles, or have been inactive for some time, it is my sole responsibility to consult a physician before beginning this activity. As a participant, I also assume knowledge of all rules for this activity.

Signature of Player

Date