 **Shipman & Wright Sports Law Clinic**

**Client Application**

The Shipman & Wright Sports Law Clinic (the "Clinic") is an educational program of Campbell Law School. In the Clinic, student-attorneys represent student athletes who would not otherwise be able to afford legal services in connection with opportunities to realize value related to the use of student athletes’ names, images and likenesses (“NIL”). Applicants are not guaranteed services even if they are eligible. Whether the Clinic can accept any particular potential client depends on a number of factors, including not only client eligibility but also the clinic’s current workload, conflicts and other professional responsibility considerations, and our assessment of the fit between the legal services we provide and the needs of the potential client. All student attorney representation is provided under the supervision of the Clinic Co-Directors or another fully licensed attorney. Please review our website for more information.

PLEASE DO NOT PROVIDE ANY CONFIDENTIAL INFORMATION WHEN RESPONDING TO THESE QUESTIONS.  
**Please respond to all questions below.**  Replies of "N/A" or "Not known" are acceptable.

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Permanent address (parents/family)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name of university/college \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* major/intended major \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* academic commitments (number of hours) \_\_\_\_\_\_\_\_\_\_\_\_\_
* sport played \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* athletic commitments (number of hours per week) \_\_\_\_\_\_\_
* other commitments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* work experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* current interests other than athletics (for example, music, fashion, business, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name/address of high school

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* sport(s) played/ position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* years played \_\_\_\_\_\_\_\_\_\_\_\_
* awards/accolades \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any prior involvement with agent/attorney regarding NIL or other professional representation?

* YES \_\_\_\_\_
* NO \_\_\_\_\_

1. If your answer to Question 7 is “YES”, please provide the following information:

* Name of agent or attorney/dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Have you signed any contracts or agreements with any agent/attorney, or anyone else involving the use of your student athlete NIL?

YES \_\_\_\_\_\_

NO \_\_\_\_\_\_

1. Do you have prior “instructional” experience helping to train others (individual instruction, team instructions)?

* YES \_\_\_\_\_

If yes, please describe your experience:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* NO \_\_\_\_\_

1. Do you have current intentions to play your sport professionally?

* YES \_\_\_\_\_
* NO \_\_\_\_\_

1. The Clinic is a pro-bono clinic, and as such, we seek to provide legal and business assistance to those student athletes who cannot otherwise afford private representation. Please respond below by *putting your initials next to the following statement that describes your situation*. This is designed to help us assess your eligibility for clinic services:

\_\_\_\_\_ I understand this requirement. This describes me.

\_\_\_\_\_\_ I understand this requirement. This does NOT describe me.

\_\_\_\_\_\_ I need more information about this issue.

1. Please briefly describe your financial circumstances below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you affiliated with Campbell University? Please mark all that apply:

\_\_\_\_\_ No/Not Applicable

\_\_\_\_\_ Student

\_\_\_\_\_ Faculty Member

\_\_\_\_\_ Alumnus/a

1. Please *put your initials* below to confirm that:

(a) All of the information submitted is accurate to the best of your knowledge; and

(b) **This interaction does not establish an attorney-client relationship**. You may seek another legal resource, you may not qualify for representation, or the Clinic may decline to undertake representation for any reason. Any attorney-client relationship, if any, will be formed only via a countersigned engagement letter after further discussion.

(c) Because the Clinic is staffed by law students, the sufficiency of Clinic resources to meet immediate deadlines or time-sensitive matters is constrained by the availability of students, which is seasonal and dependent on the academic calendar, and therefore the Clinic may be unable, or may decline, to take on your matter if it is time-sensitive. If appropriate, the Clinic may refer you to outside counsel.

\_\_\_\_\_ I have read paragraph 14 above and I understand the statements in paragraph 14 and further I confirm that the information I have submitted is accurate to the best of my knowledge.

1. Please confirm whether you would like to be placed on our waitlist if we are not able to undertake your representation at this time.

* YES \_\_\_\_\_
* NO \_\_\_\_\_

IMPORTANT INFORMATION ABOUT OUR DIRECTOR: The Director of the Shipman & Wright Sports Law Clinic is also the Co-Founder and owner of Shipman & Wright, LLP, a for-profit law firm. Since the Director is engaged in the private practice of law outside of the Clinic, there may be a financial incentive for the Director to steer applicants and clients of the Clinic to that firm for private representation. The Director does not believe that this relationship will impair the Clinic’s representation of you or the ability to supervise Student Attorneys. Further, should private representation be appropriate or necessary for you, you have the right to counsel of your choice and the Director and Clinic will endeavor to provide you with enough information to make an informed decision. You have many options in the choice of legal counsel should you need to obtain one outside of the Clinic. You are not required to engage Shipman & Wright, LLP, nor will it be the appropriate or acceptable choice in all circumstances. We will endeavor to provide you with advice about the representation alternatives should such circumstances arise.

\_\_\_\_\_ I have read and understood the preceding statement “Important Information about Our Director” and acknowledge receipt of this information. *Please initial to signify your understanding.*