

Parental Consent and Waiver/Release Form

I certify that my child is medically cleared to attend camp and give permission for medical treatment for injuries or illness during camp/clinic. A professional trainer will be available.

Emergency

Call: _____ Phone: _____
_____ Phone: _____

Allergic reactions (drugs, food, asthma, bee stings, etc.)? If yes, please list.

___ Yes ___ No _____

Taking any medications at this time? If yes, please list. ___ Yes ___ No

Health Insurance Company: _____

Policy Number: _____

Insurance Agent: _____

Waiver and Release

I do hereby waive and release Furman University and the respective staff, employees, successors, and assigns, of and from any and all rights and claims for damage resulting from injury of my person or property, which may be sustained or suffered by me in connection with my association with or participation in, or arising out of my traveling to or from any baseball camp/clinic at Furman University. I, the parent/guardian, agree to the above waiver and release and we join therein.

Parent/Guardian _____

Date: _____