

## Release, Indemnification, and Hold Harmless Agreement

In consideration for the camper being permitted to participate in the UAFS Baseball Camps in October 2014, the undersigned, acting on behalf of ourselves and our child and any heirs or assigns, hereby waive and release forever any and all rights for claims and damages we and/or our child/ward may have against the Board of Trustees, officers, agents, employees, and the Camp and Camp's owners, officers, agents, and employees from and against any and all liability for any harm, injury damage, claims, demands, actions, costs, and expenses of any nature which we or our child may have or which may hereafter accrue to our child, arising out of relation to any loss, damage or personal injury (including, without limitation, death), that may be sustained by our child at any UAFS Baseball Camp or to any property belonging to child, whether caused by negligence or carelessness on the part of the Board of Trustees of the University of Arkansas– Fort Smith, its current and former Trustees, officers, agents, employees, and the Camp and the Camp's owners, officers, agents, and employees or otherwise, while our child is in, on, upon, or in transit to or from the premises where the UAFS Baseball Camps occur or is being conducted.

We accept, understand, and assume that there is a risk of injury in the UAFS Baseball Camp, due to the physical and athletic nature of the UAFS Baseball Camp, including, but not limited to, falls, contact with other participants, and running drills. The camper agrees to follow all instructions and wear all necessary, recommended, and appropriate protective gear and equipment.

We agree on behalf of ourselves, our camper, and any heirs or assigns to release, hold harmless, and indemnify the Board of Trustees of the University of Arkansas– Fort Smith, its current and former Trustees, officers, agents, employees, and the Camp and the Camp owners, officers, agents, and employees from and against any and all claims and liability or damages of any kind of nature whatsoever arising out of or relating to the UAFS Baseball Camps.

Printed Name of Camper: \_\_\_\_\_

Signature of Camper: \_\_\_\_\_

If the camper is a minor under the age of eighteen (18), signature of parent(s) or guardian(s) is required.

Parent/Guardian Signature: \_\_\_\_\_

Address & Phone Number: \_\_\_\_\_

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# MEDICAL RELEASE

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I give permission to the University of Arkansas – Fort Smith, Mercy Hospital, Sparks Regional Hospital, River Valley Urgent Care, Cooper Clinic, and/or other unnamed health care providers to provide, seek, obtain, or approve any routine, necessary, or emergency health care during the participant's involvement in the camp. I understand this authorization is given in advance of any specific diagnosis, treatment, or medical care being required and is to serve as specific consent to any and all such treatment or hospital care which may be deemed advisable. I understand my rights under the Health Insurance Portability and Accountability Act (HIPPA) and authorize the University of Arkansas– Fort Smith to release information as necessary. I attest that a physician has examined the participant in the past twelve (12) months, and he/she was found to be in good health. I attest that there is no medical reason for the participant not to participate in strenuous physical activities of the camp program.

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Parent/Guardian Signature

Date

## INSURANCE INFORMATION

Insurance Company: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

ID# \_\_\_\_\_

Group# \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder Address: \_\_\_\_\_

LIST ALL MEDICAL CONDITIONS:

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