

Waterloo Bucks Baseball Camp presented by Peoples Community Health Clinic | Riverfront Stadium, Waterloo, IA
Medical Information & Release Form

Important: Please bring this completed and signed form to camp.

Waterloo Bucks Baseball Camp Waiver / Terms & Conditions

Camp Location Riverfront Stadium, Waterloo, IA		Camp Date June 15, 2024		
Player's Name	Sex	Age	Parents' Name(s)	
Address		City	State	Zip Code
Daytime Phone	Evening Phone		Email Address	
Phone number and contact information (if different) while this player is at camp				
Emergency Contact Name*		Emergency Contact Phone*		

Health & General Medical History

If the player should be restricted from any activity, please explain:
If the player will be taking medication during the camp, please indicate drug and dosage:
Please identify any medical condition or medical history that will/may require special attention:
*Emergency Contact/Phone in case the above Contact(s) cannot be reached during camp.
Please circle any of the following conditions that the apply:
High Blood Pressure Diabetes Asthma
Please circle if the player has HAD any of the following:
Pneumonia Chicken Pox Mumps Measles German Measles

Medical Information & Release Acknowledgement - Please Read & Sign On Reverse

Medical Information & Release Acknowledgement - Please Read & Sign at Bottom

I have completed the above Medical Release and by signing below acknowledge its accuracy. I certify that the Player is physically able to participate in camp activities and have noted any restrictions, physical impairments, or any other medical/physical facts that may limit his/her participation in such a program. I also understand that the Waterloo Bucks will not administer any physical examinations and that the Waterloo Bucks will rely solely upon the information shown on the Medical Information & Release form above.

Camp Waiver / Terms & Conditions

I, the parent (guardian) of the participating camper, give permission for the named player to receive emergency medical or surgical treatment and hospitalization if necessary. I hereby authorize directors, coaches, staff and associates of the Waterloo Bucks to act on my behalf according to their best judgment in any emergency requiring medical or surgical treatment and hospitalization if necessary. I certify that the named player is physically able to participate in the Waterloo Bucks Baseball Camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such a program. I also understand that the Waterloo Bucks will administer no physical examinations and that the Waterloo Bucks will rely solely upon the information shown on this form. I hereby waive and release the Waterloo Bucks, and Its Coaches, Staff, Camp Management, Directors, Sponsors and Representatives from any liability for any injury or illness incurred while at camp.

I understand that there is a risk of injury to the named player as a result of camp activities, and knowingly and voluntarily assume risk of such injury.

I will be financially responsible for any medical attention needed during the camp or resulting from an injury received at camp. My medical insurance shall be the insurance coverage for any medical treatment. I further understand the Waterloo Bucks retains the right to use, for publicity and advertising, photographs of campers taken at camp.

I also understand and agree that the Waterloo Bucks shall not assume, or be responsible or liable for expense, medical treatment, or compensation for any injury to the named player may suffer during participation in the camp. I hereby waive and release any and all rights and claims for damages named player may suffer from, or in any connection with, named player participation in the camp. Named player must follow all rules at the camp and understand that participation is at the risk of named player.

Payment: Registration must be paid in full prior to attending camp. Payment can be made in full at time of registration. Deposits will be accepted at time of registration, for the amount specified on the registration form.

Cancellation Policy: A full camp credit will be issued to you if for any reason you must cancel your Waterloo Bucks Baseball Camp registration. Credit is good for the current season or following camp seasons. The Waterloo Bucks reserve the right to cancel a camp for any reason without prior notice. In this case, full refund is given for all monies collected by the Waterloo Bucks only. The Waterloo Bucks will not be responsible for refunds on airline flights, hotel reservations, or other incidental fees incurred in conjunction with the camp.

Limitation of Liability: I agree that the total cumulative liability of the Waterloo Bucks, its affiliates and respective directors, officers, employees, and agents with respect to services performed or to be performed by the Waterloo Bucks, whether for breach of contract, contribution, tort or other theory of liability, shall not exceed 100% of the compensation received by the Waterloo Bucks, from me pertaining to Player. The parties agree and acknowledge this Section of the Agreement is a material part of the consideration for the Agreement.

Player's Release of Liability: I agree to hereby release, forever discharge the Waterloo Bucks, from any and all claims, debts, costs, obligations, promises, acts, agreements, actions and causes of action, demands, damages, counterclaims, set off, or liabilities (including attorneys' fees and costs), whether past, present, or future, arising from or related to any acts, actions, failures to act, or to any of the matters relating to an injury or other liability resulting from my or Player's disregard or failure to follow the Waterloo Bucks rules and etiquette.

Player's Waiver of General Release: I, on my own behalf and on behalf of any and all of my guardians, successors, heirs and assigns, expressly waives any and all rights he may have under Civil Code relating to or arising out of my or my child's disregard or failure to follow the Waterloo Bucks Baseball Camp rules and etiquette. "A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him must have materially affected his settlement with the debtor."

Player's Indemnification of Instructor: I agree to indemnify and hold the Waterloo Bucks its affiliates and respective directors, officers, employees, and agents harmless from any action arising out of my or the Player's failure to follow the Waterloo Bucks rules and etiquette, including all judgments, attorneys' fees and costs, incurred by the Waterloo Bucks.

Print Name (Parent or Legal Guardian):	Signature	Date
The Waterloo Bucks Medical Release Form 2024 Information: 319/232-0500 www.waterloobucks.com		