Hurricane Youth Baseball Camp

Waiver and Release of Liability Form

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Acknowledgment and Assumption of Risk

I acknowledge that participation in the Hurricane Youth Baseball Camp involves physical activity and carries the risk of injury, including but not limited to scrapes, strains, sprains, fractures, heat-related illness, and other potential injuries or conditions.

I voluntarily assume all risks associated with participation in this camp, both known and unknown, and accept full responsibility for any injury or illness that may occur as a result of my/my child’s participation.

Waiver and Release of Liability

In consideration of being allowed to participate in the Hurricane Youth Baseball Camp, I hereby release and discharge Camp Community College its officers, coaches, employees, volunteers, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or illness that may be sustained by me/my child while participating in the camp.

Medical Authorization

I certify that I am/my child is in good health and has no conditions that would prevent safe participation in the camp. I authorize the camp staff, athletic trainers, or medical personnel to administer emergency medical treatment in the event of an injury or illness. I understand that I am financially responsible for any medical treatment.

Please list any relevant allergies, medications, or conditions:

Photo/Media Release

I hereby grant permission for Camp Community College and its representatives to take photographs and video of me/my child during the camp. I understand these materials may be used for promotional or marketing purposes in print, online, or social media. I waive any rights of compensation or ownership to such images.

☐ I agree to the photo/media release

☐ I DO NOT agree to the photo/media release

Insurance Information

Health Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Section

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Required if 18 or older)

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

(Required if under 18)

Please return this signed waiver prior to participation. Participants will not be allowed to take the field without a completed and signed waiver.