

Please print, fill out this waiver, and bring it with you on the day of camp.

ID Camp Liability Waiver & Release Form

Event: Baseball ID Camp

Host/Organization: _____

Location: _____

Date(s): _____

Participant Information

Player Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Parent/Guardian Name (if under 18): _____

Phone: _____

Email: _____

Assumption of Risk

I acknowledge and fully understand that participating in a baseball ID Camp involves inherent risks, including but not limited to slips, falls, collisions, thrown or batted balls, equipment failure, weather conditions, fatigue, and other hazards associated with athletic activity. I voluntarily assume all risks, known and unknown, related to participation in this camp.

Medical Authorization

In the event of injury or medical emergency, I authorize camp staff, athletic trainers, and attending medical professionals to administer any treatment deemed necessary. I understand that I am fully responsible for any medical costs that may arise.

Release of Liability

I release the camp organizers, staff, coaches, volunteers, facility owners, and affiliated representatives from any claims or liabilities arising from injury, illness, or loss incurred during participation in the camp.

Media Release (Optional)

I grant permission for images or video taken during the camp to be used for promotional purposes.

Yes No

Code of Conduct

Participants must demonstrate respect, sportsmanship, and appropriate behavior. Failure to comply may result in removal without refund.

Refund Policy

All camp fees are non-refundable unless the event is canceled by the organizers.

Acknowledgment & Signatures

Participant Signature: _____

Date: _____

Parent/Guardian Signature (if under 18): _____

Date: _____