SAINT LOUIS UNIVERSITY ATHLETIC CAMP
RELEASE AND WAIVER OF LIABILITY
BASEBALL

I understand that playing or participating in the above sport may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved at this camp, an athletic participant can be seriously hurt.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to the coach, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that the coach recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his participating in the above named sport. I have advised the coach of any limitations on my child's/ward's activities for medical.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport; and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risk and, further, to waive, release, discharge and hold harmless the coach, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians of anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not substitute for my primary insurance and provides maximum coverage up to $5,000 in accordance with the terms of the secondary insurance plan/policy.

All Saint Louis University Camps and Clinics are open to any and all entrants, and are only limited by number, age, gender, or grade level.

I hereby consent to permit the coach and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

_____ _____

Date Signature of Parent or Legal Guardian

MEDICAL INFORMATION

CAMPER NAME_____CAMP DATES_____

CAMPER ADDRESS_____DATE_____

CITY/STATE/ZIP_____

MEDICAL HISTORY (To be completed by parents)

A. Allergy (drugs, food, asthma, etc.)	Y_____ N_____
B. Pre-Existing injury currently under treatment	Y_____ N_____
C. Medical conditions currently under treatment	Y_____ N_____
D. Birth Deformities (one eye, one kidney, etc.)	Y_____ N_____
E. Fractures or other disability type injuries	Y_____ N_____
F. Mental disorders or convulsion	Y_____ N_____
G. Known past illness for more than one week's duration	Y_____ N_____

PLEASE INCLUDE AN EXPLANATION OF ANY QUESTIONS ABOVE ANSWERED "YES".

_____

_____

_____

PHYSICAN'S NAME_____PHONE_____

ADDRESS_____CITY_____STATE_____ZIP_____

NAME OF DENTIST_____PHONE_____

MEDICAL INSURANCE_____POLICY #_____

ADDRESS OF INSURANCE COMPANY_____PHONE_____

EMERGENCY INFORMATION

Parent or Guardian

(1)_____PHONE(w)_____

PHONE(h)_____

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(2)_____PHONE(w)_____

PHONE(h)_____

EMERGENCY CONTACT_____

*** Please attach a front and back copy of your child's insurance card to this form.**

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