

Waiver of Liability

I, the undersigned, understand that participation in baseball activity involves inherent risks of injury, including but not limited to, strains, sprains, fractures, concussions, and other serious injuries. I hereby release, waive, discharge, and covenant not to sue Fairleigh Dickinson University, deMarrais Baseball LLC, its coaches, employees, volunteers, representatives, and affiliates from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury that may be sustained by the participant while attending or participating in this camp.

Assumption of Risk

I acknowledge that I am fully aware of the risks and hazards associated with participating in this camp and I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury.

Medical Authorization

In the event of injury or illness, I authorize the camp staff to administer first aid and, if necessary, secure emergency medical treatment. I further authorize any attending physician or medical professional to provide necessary care. I understand that every attempt will be made to contact the emergency contact person(s) listed. If contact is unsuccessful, I permit the tending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person attending the camp or their parent/legal guardian.

Insurance Responsibility

I understand that I am solely responsible for providing health insurance coverage for the participant and that Fairleigh Dickinson University and deMarrais Baseball LLC do not provide medical insurance for participants.

Athlete Name: _____

Parent/Guardian Name: _____

Athlete Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____