

# MARK KINGSTON BASEBALL CAMPS, LLC

## MEDICAL WAIVER AND REGISTRATION INFORMATION

### INFORMATION

All campers must have their own medical coverage. Campers will not be allowed to participate unless the following information is provided. This form must be signed by the parent or guardian of the camper.

Camper Name \_\_\_\_\_

Age \_\_\_\_\_ Grad Year \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Camper Insurance Co. \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_

Ins. Co. Phone # \_\_\_\_\_

Pre-Authorization required by company YES NO

### WAIVER

I understand that participation in baseball camps and clinics involves inherent risks, including but not limited to physical injury, illness, or other unforeseen events. I acknowledge that my child is voluntarily participating in Creighton Baseball Camps and that such participation involves these risks.

I certify that my child is physically able to participate in camp activities and that I have disclosed all relevant medical conditions, allergies, medications, and activity restrictions. I understand that failure to disclose relevant medical information may result in harm to my child and/or others.

I hereby consent to emergency medical treatment for my child if deemed necessary by camp staff, athletic trainers, or medical personnel. I understand that Creighton University does not provide medical insurance coverage for my child and that I am solely responsible for any medical expenses incurred as a result of my child's participation. I authorize camp personnel to administer first aid and/or seek emergency medical care as reasonably necessary.

In consideration for my child's participation in the camp, I hereby waive, release, and hold harmless the following parties from any and all claims, demands, causes of action, damages, losses, or liabilities of any kind, whether known or unknown, arising out of or related to my child's participation in the camp:

- Creighton Baseball Camps
- Creighton University
- Creighton University Board of Trustees
- Camp directors, coaches, staff, athletic trainers, employees, volunteers, contractors, agents, and representatives of the above

This release includes, but is not limited to, claims arising from personal injury, illness, property damage, or medical treatment related to participation in camp activities, except to the extent caused by gross negligence or willful misconduct as prohibited by applicable law.

I understand that camp staff reserves the right to restrict or terminate my child's participation at any time if it is determined to be in the best interest of my child or the camp.

If any portion of this Waiver and Release of Liability is held to be invalid or unenforceable by a court of competent jurisdiction, the remaining portions shall remain in full force and effect.

By checking the box below, I acknowledge that I have read, understand, and voluntarily agree to the terms of this Waiver and Release of

Liability.

Parent Signature \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

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