

Camp _____

Camper Name _____

Date _____

PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY

Auburn Tiger Baseball Camp is operated as an individual enterprise and are not owned, sponsored, or operated by Auburn University.

I am aware of the dangers involved in participating in physical activity, physical competition and with certain equipment related to this Baseball Camp. I am aware that the **Auburn Tiger Baseball Camp** involves competition and sometimes-physical contact with and against other camp participants. I am further aware that there is an inherent danger and risk of injury in this participation, competition and use of camp athletic equipment. My parent/guardian and I are aware that many of these injuries may be serious and may include, without limitation, damages to joints, bones, muscle, ligaments, the neck or spine and other parts of the body. Additionally, I will use any required equipment in a proper manner and will follow any and all instructions related to such equipment including those instructions provided by the manufacturer equipment personnel and coaches.

I agree to exonerate, save indemnify, and hold harmless the **Auburn Tiger Baseball Camp** its owner, employees, and volunteer. Auburn University, its officers, agents, and employee-including without limitation, equipment personnel, physicians and other practitioners of the healing arts-from any and all liability, claims, cause of action, or demands of any kind, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp.

Auburn Tiger Baseball Camp insurance will be financially responsible for injuries/accidents occurring during camp; only as secondary coverage after the parent's/guardians insurance has paid.

The terms her of shall serve as a release and assumption of risk for me, my parents/guardian, my heirs, estate, executor, administrator, assignees, and all members of my family, I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgement and release is contractual and not a mere recital.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

Parent or Legal Guardian Signature

Date

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in **Auburn Tiger Baseball Camp** and that I know of know of no physical impairments, which would in any manner limit his/her participation in such program.

Physician's Signature _____ **Date** _____

OR
Provide a state high school physical (within 12 months) at camp check-in

Medical and Insurance information

Hospitalization Plan: Claim Number _____

Company _____ **City** _____ **State** _____

Zip Code _____ **Phone** _____

FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE PROVIDED AT TIME OF CHECK-IN

Medical History (if pertinent):

Allergies, present medication, special consideration:

Parent/Guardian _____

Address _____ **City** _____

State _____ **Zip Code** _____

EMERGENCY MEDICAL INFORMATION

NAME () **PHONE** () **CELL**

NAME () **PHONE** () **CELL**