



Corvallis Knights and Boys & Girls Club Baseball Clinic

Please review the below and sign. To participate, your parent or guardian must sign the below release.

Medical Consent & Release of Liability

Injuries to any part of the body may occur while playing any sport or attending a baseball clinic, the purpose of this WARNING is to bring your attention to the existence of these potential dangers and to aid you in making a voluntary and informed decision as to whether your child or ward should participate. As a parent/guardian of a camper, it is your responsibility to learn about and/or to inquire of coaches, physician, attorneys or other knowledgeable persons about any concerns that you might have at any time regarding safety of this activity. You may seek legal counsel before signing this form.

If you decide to participate, by your signature you hereby agree to indemnify and hold harmless Knights Baseball Club, Inc. and Boys & Girls Club including its officers, employees and agents against any/all claims, damages, demands, liabilities and costs incurred including attorney's fees, which might be made by the undersigned or any third party as a result of damage, injury or death suffered.

This agreement shall be binding upon the heirs, successors and assigns of the undersigned. I understand and acknowledge that signing this agreement severely limits my legal rights, and as such, I have been encouraged above to seek legal counsel before signing.

Parent or Guardian Name: _____

Participant: _____

Parent or Guardian Signature: _____

Parent or Guardian Telephone Number:

(Day) _____ (Night) _____

Emergency Contact: _____

Telephone (Cell) _____ Telephone (Home) _____

Insurance Company _____

Policy # _____ Group# _____

Regularly taken medications: _____

Medical conditions:

Any other concerns:
