



College of Charleston Baseball Camp

In case of medical emergency, I _____ authorize the College of Charleston Baseball Staff of the College of Charleston Medical Staff to get proper treatment for

_____ and to order injection of minor surgery for my child.

Signature:

My emergency phone:

Additional Contact Name: _____ #:

Insurance Company:

Policy #:

Please note any prior medical history/allergies that we may need to be aware of:

I/We, for ourselves, our heirs, executors and administrators, waive, release and forever discharge the College of Charleston, Matt Heath, his staff, camp employees, trainers, trustees, and employees of the school from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occur during participation in camp activities or while at camp.

By signing below, I acknowledge that I am entitled to have an attorney of my own choosing to review the release prior to signing. I have read the foregoing release in its entirety and understand that I am signing a complete and perpetual release and bar to any and all claims of ordinary negligence resulting from the participation in this activity by my child.

Signature: _____