

CLIPPERS BASEBALL

Informed Consent and Acknowledgement As Parent and/or Guardian of the named athlete, I hereby give my approval for the athlete's participation in any and all activities conducted by Coral Springs Clippers during the selected camp session(s). In exchange for the acceptance of said athlete's participation in the activities conducted by Coral Springs Clippers, I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Coral Springs Clippers and all its respective officers, agents, and representatives from any and all liability for injuries to said athlete arising out of participating in selected camp session(s). In case of injury to said child, I hereby waive all claims against Coral Springs Clippers, including all directors, coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the camp activities. There is a risk of being injured that is inherent in all sports activities, including baseball. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death.

Medical Release and Authorization As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the athlete / minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the athlete's life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the named athlete. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that every attempt will be made by the attending physician to contact me in the most expeditious way possible. This authorization is granted only after a reasonable effort has been made to reach me. Permission is also granted to the Coral Springs Clippers and its affiliates including directors, coaches, affiliates, and participants to provide the needed emergency treatment prior to the athlete's admission to the medical facility. This release is authorized on the dates and/or duration of the registered camp session(s). This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named athlete / minor child, in my absence.

Parent/Guardian printed: _____

Parent/Guardian signature: _____