

WAIVER & CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of _____ (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment.

I, the undersigned, understand that softball (sport) is an active, physical sport and that injuries can often occur during participation at Camp. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities.

I, the undersigned, waive, release, and forever discharge Sunflower Softball League and staff from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at camp.

I give permission for the "Sunflower Softball League" to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child's identity will remain anonymous in conjunction with any photograph used in marketing.

My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp.

Parent/Guardian Signature

Date

Printed Name

EMERGENCY CONTACT INFORMATION

Contact Name

Phone Number

Relationship to Participant

Additional Phone Number

*Special instructions regarding the care of your child while at camp:

