

Release and Medical Authorization

The release and treatment authorization **MUST** be signed by a parent or guardian if student is under 18 years old. Students who are 18 years old or will become 18 years old before the end of the program must also sign. In order for students to participate in camp activities we must have this form. Otherwise parent or guardian must be contacted and signature acquired prior to participation. No exceptions will be made.

Release of Liability and Medical/Surgical Authorization

In consideration of being permitted to participate in the Seahawk Baseball Academy LLC at UNCW, I understand, for ourselves, our heirs, executors, and administrators, hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I hereby do release Seahawk Baseball Academy LLC, The University of North Carolina Wilmington, Coach Randy Hood, and any of their officers, agents, and employees, from all liability for personal injury or property damage which may be sustained or occur during participation in camp activities, or while at campus.

I give permission to any doctor, hospital, or other medical agency to release confidentially to the treating physician(s) for my child an information they may have concerning his/her medical condition and their professional contact with him/her. I hereby grant my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my child. (Where practical, you will be notified by telephone before any procedures are done.) A photocopy of this permission is to be considered as valid as the original. I further understand that treatment for any medical problems my child may suffer is my responsibility and will be paid by me and/or covered by my insurance.

I understand that Seahawk Baseball Academy LLC offers an excess insurance for injuries sustained as a result of camp participation. I understand that coverage is limited to the benefits and exclusions of the insurance plan and that all claims must be first filled with my primary insurance plan in order to be eligible for this excess coverage. I authorize my insurance company to pay benefits to the health care providers that Seahawk Baseball Academy LLC employees send my son/daughter to for evaluation and treatment. I authorize the disclosure of medical information to my insurance company and to Seahawk Baseball Academy LLC excess carrier for the purpose of a claim.

Camper Name _____

Parent/Legal Guardian Name _____

Parent/Legal Guardian Signature _____

Date _____