

BU3 Baseball Camps at Bradley University

Camp Waiver Statement

Must be faxed or mailed to Baseball Offices before camp!

I verify _____, has been checked by a licensed physician and is physically able to participate in the **BU3 Baseball Camp at Bradley University**. I understand that participation in the camp(s) will involve instruction in the sport of **baseball** and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of, _____, being able to participate in the **BU3 Baseball Camp at Bradley University**, I hereby agree that I will not hold **BU3 Baseball Camp at Bradley University** nor its employees, responsible for any loss, damages or personal injury received as a result of my child's participation or the conduct of any and all camp directors and/or employees including negligence. I hereby authorize the directors of **BU3 Baseball Camp at Bradley University** to act for my child according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay the benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of the claim. This camp is operated by **BU3 Baseball Camps** and is not operated by, connected with or an official function of Bradley University or the Bradley University Athletic Department.

I have read and understand the camp waiver,

Signature of legal guardian: _____

Date of Signature: _____

Camp(s) child is attending: _____

Attn: Larry Scully/BU3 Baseball Camps - (309) 677-3626 fax# or Email to:

lsully@fsmail.bradley.edu

Mailing Address: 1501 W. Bradley Ave., Peoria, IL 61625