

**DAVE SCHRAGE BASEBALL CAMPS LLC**

**LIABILITY RELEASE FORM**

I, the undersigned parent/legal guardian of \_\_\_\_\_, authorize said child's participation in the Dave Schrage Baseball Camps LLC (DSBC). It is my understanding that participation in the activities that make up DSBC is without some inherent risk of injury. As such, in consideration of my child's participation in the DSBC camp, I hereby release, waive, discharge, and covenant not to sue the DSBC and any and all Directors, Officers, and Instructors, and the Regents of Butler University and its directions, Officers or Employees from any and all liability, claims, demands, action, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained to my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted.

I agree to follow all instructions and procedures in order to maintain the maximum level of safety. I understand that a medical insurance policy carried by the DSBC will provide only minimum coverage and that I should make sure my child is covered in the event of a serious accident.

I also give permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, and accept responsibility for the cost.

I authorize the release of my child's medical information to pertinent DSBC camp staff and emergency personnel in regards to providing appropriate medical care to my child.

\_\_\_\_\_  
Print name of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Camper signature – if over 18

\_\_\_\_\_  
Date

\*\*\*Please bring this form to registration on the first day of camp. We will not accept medical forms via email or fax. Form must be completed prior to camper participation in Dave Schrage Baseball Camps. Form is valid for one year from date above.