



Baseball Office

Carlton Hardy Baseball Camps Medical Release Form

I understand that baseball can be a dangerous sport by nature; therefore, I will be responsible for any and every accident that may occur during the time that my child is involved in the camp. I understand there are risks involved with my son or daughter's participation at the Carlton Hardy Baseball Summer Youth Camp. Therefore, I consent for my son or daughter to receive any emergency medical treatment deemed necessary by the Sports Medicine Staff at the camp/clinic and agree that the Sports Medicine Staff may determine my son or daughter's participation at any time and for any reason. I waive and release the Carlton Hardy Baseball Camps, Savannah State University, the Board of Trustees (or any other entity designated by Georgia law to manage, operate and/or oversee Savannah State University or the Board of Trustees, and their heirs, assigns or successors in interest of any and each of them from any all Liability which may result or arise from either my athletics participation or any medical treatment my son or daughter may receive. If any portion of this Release is held to be illegal, unenforceable, or in conflict with any laws of the State of Alabama by any Court of competent jurisdiction, the remaining portions of this release shall not be affected.

I, _____, agree to these terms and conditions of the camp.

Insurance Provider Policy # _____

Signature _____

Date _____

NO CAMPER WILL BE ACCEPTED WITHOUT AN AUTHORIZED SIGNATURE