

INSURANCE AND LIABILITY WAIVER & CONSENT FORM

I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true. I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

In case of an injury, I authorize the staff of Hillsdale College to render first aid.

I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.

I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.

I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the youth sports program.

I hereby authorize the Hillsdale College Softball Camp staff to act for me in case of an emergency and waive and release Hillsdale College Softball Camp from any and all liability for any and all injuries and illness occurred while at camp:

Parent/Guardian Signature

Insurance Company Policy Number

Emergency Contact Phone Number Emergency Contact

Hillsdale College Softball Camp

Informed Consent, Photo Release, and Permission for Participation in Activity

Participant's name: (please print)

Medical Condition

Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above.

Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor’s statement must accompany this document.

Liability Release

I further agree to release Hillsdale College, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release

Participants in Hillsdale College events are sometimes photographed and videotaped for use in Hillsdale College promotional and educational materials. I authorize Hillsdale College to record and photograph my image and/or that of my child for use by Hillsdale College or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant’s Name (Please Print) Participant’s Signature

Under 18 years of age -Parent/Guardian Signature Date

This form must be presented onsite the day of the program or before in order for you to participate.
No exceptions!