

Bradley University Softball Camp
Medical Release Wavier
(Please fill out completely)

It is the responsibility of the campers' parents or legal guardians to ensure that the camper is healthy and has no physical problems, which would prevent the camper's participation in camp activities. It is the responsibility of the camper and her family for primary medical insurance coverage and costs associated with injury and not the responsibility of the camp.

Policy Holder Name: _____

Insurance Company: _____

Policy Number: _____

Parent/ Gaurdian: _____

Special Medical Needs: _____

This certifies that _____ has had a
(Camper name)

physical examination by a licensed physician in the past year and is free from any illnesses or injuries that would prevent her from participating in any activates at the Bradley University Softball Camp. I understand that softball is an active, physical sport and that injuries can take place during camp activates. I authorize any medical treatment that is deemed reasonable and necessary by Bradley University Softball and the Bradley University Sports Medicine Department.

Parent/ Guardian Signature: _____

Date: _____

