

This liability waiver / medical release page MUST be PRINTED out, AGREED to, COMPLETED, SIGNED and turned in at the registration / check-in table prior to the start of the camp/clinic listed below.

CAMPER NAME _____ Age _____

**Selah, WA Clinic
October 21st, 2017**

REFUND POLICY:

There are no refunds—if you can't attend the clinic and you notify the camp director at least 72 hours prior to the clinic, you can receive a credit towards a future UW Softball clinic offered during the 2017-2018 academic school year (redeem prior to June 1, 2018). Email is register@washingtonsoftballcamps.com.

ASSUMPTION OF RISK / RELEASE FROM LIABILITY:

I, the undersigned, as the legal parent or guardian of the above named registrant hereby acknowledge that the camper named above is covered by medical insurance as stated on the registration. It is further understood that the *University of Washington* does not provide medical insurance covering injuries of any nature incurred at any of the *University of Washington* Softball Camps and/or Clinics in addition to camps and clinics offered by *Washington Softball Camps, LLC*. The undersigned hereby releases the *University of Washington*, its successors, assigns, officers, agents, employees, and *Washington Softball Camps, LLC* its successors, assigns, officers, agents and employees from any and all claims, demand and causes of action whatsoever in any way growing out of or resulting from participation of the above named child at the softball camp/clinic listed at the top of this form.

CONSENT FOR TREATMENT OF A MINOR:

I, the undersigned, authorize the *University of Washington* softball staff and *Washington Softball Camps, LLC* to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp staff, the *University of Washington*, its successors, assigns, officers, agents and employees and *Washington Softball Camps, LLC* its successors, assigns, officers, agents and employees from any and all liability for any injuries or illness incurred while at the clinic. I have no knowledge of any physical impairment that would be affected by the above camper's participation in the clinic. I am bound to hold the Health Center and its' physicians harmless from any and all consequences of such treatments, diagnosis or surgery that these duties are performed with ordinary care and to the best of their ability.

CONSENT FOR USE OF VIDEO & PICTURES:

I, the undersigned, authorize the *University of Washington* softball staff and *Washington Softball Camps, LLC* to use any pictures, video and audio taken at the aforementioned camp/clinic for use at their discretion, including but not limited to marketing of future camps/clinics and for-profit ventures.

I have read, fully understand and agree to the terms of both the “Consent for Treatment of a Minor” and “Assumption of Risk / Release from Liability”.

Parent /Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent(s) cell phone number (s) _____

Email address: _____