

**NAME** \_\_\_\_\_

***Medical Waiver:***

As the parent/guardian of the participant in the **Danes Baseball Winter Prospect Showcase Camp** I certify that he/she is in excellent physical health and capable of participating in any strenuous activity. I hereby give my approval to his/her participation at the baseball clinic. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless the University at Albany, the baseball coaching staff, Jeff Kaier-Danes Baseball Academy LLC, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention. The participant's medical insurance will be primary in the event of an injury or accident.

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