

PARENTAL RELEASE:

We (I) hereby request that you accept the application of

_____ in the Western

Illinois University Softball Camp during the dates set forth in this application and in consideration of your acceptance of the application, we (I) hereby release the WIU Board of Trustees, Softball Camp and all its employees for any claims on account of any injuries which may be sustained by our (my) child while attending the WIU Softball Camp, and we (I) agree to indemnify the WIU Board of Trustees, Softball Camp, and its employees for any claim which may hereafter be presented by our (my) child as a result of any such injuries. Furthermore, we (I) certify that, within the past year, my child has had a physical examination and is physically able to participate in sports activities. In the event of illness or injury, we (I) give consent for medical treatment and permission to the attending physician to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery. Primary insurance is that of the family and SECONDARY insurance is that of the Western Illinois University Softball Camp.