

\*\*\*If you already have a school physical you can attach it to this one and fill out and sign this one at the bottom.

REDFERN HEALTH CENTER CLEMSON UNIVERSITY

SPECIAL GROUPS AND CAMPERS

CAMP PHONE NUMBER: \*\* (864)656-1691 \*\*

\*\*We have moved the Camp Office so if you can not get through on the Camp Phone, please visit our website for the new number\*\*

CAMP FAX NUMBER: (864) 656-7324

(Return when you come to camp or return to: PO Box 31, Clemson, SC 29633

Please print: Complete all information where applicable.

\*\*Please read and sign back form as well

Name of Special Event/Group Attending: Monte Lee Baseball Camps

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Social Security No. \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Full Name of Parent/Guardian: \_\_\_\_\_

(Address, if different from above) \_\_\_\_\_

Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

If not available in an emergency, notify \_\_\_\_\_ Telephone # \_\_\_\_\_

- Parent(s) signature (indicates you have accident insurance): \_\_\_\_\_
• Name and address of your insurance company: \_\_\_\_\_

Insurance Co. Policy #: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT/PARENTAL PERMIT RELEASE OF MEDICAL INFORMATION

Medical History

(To be completed by Parents or Self)

A. List all medications patient is currently taking

\_\_\_\_\_

B. List all medical conditions currently under treatment

\_\_\_\_\_

C. Does patient have loss of a paired organ, i.e., kidney, eye? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list \_\_\_\_\_

D. Is patient allergic to any medications?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list \_\_\_\_\_

E. Date of 1st tetanus immunization: \_\_\_\_\_

The law requires that parental permission be obtained for operative procedures on minors. The following consent form should be signed by the parents so that such procedures may be promptly carried out, and so that no unnecessary delays will occur with operative procedures. However, no operation will be performed, except emergency, without parents being contacted and fully informed.

I give my permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for my son/daughter.

I authorize release of any medical information to process insurance claims and request of any medical information to process insurance claims and request payment of benefits to the physician or supplier for services described. I understand that should the insurance not cover this illness/injury, I will be responsible for payment in full of any charges incurred.

\*\*SIGNED \_\_\_\_\_
RELATIONSHIP \_\_\_\_\_
DATE \_\_\_\_\_

PHYSICIAN'S STATEMENT

I hereby certify that I have examined

\_\_\_\_\_ and found him/her physically fit to attend and participate in the camp and I know of no impairments which would limit his/her participating.

DATE EXAMINED: \_\_\_\_\_

\*\*PHYSICIAN'S SIGNATURE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

\*\*\*

(Signature of Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

\*back must be signed before attending camp (over)

## Waiver and Release of Liability and/or Negligence

In consideration of being allowed to participate in any way in the Monte Lee Baseball Camps and related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

1. There is a risk of injury from the activities involved in the program, including the remote potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of serious injury and does not exist; and.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF OTHER ACTS OR OMISSIONS OF THE RELEASES or others, and assume full responsibility from my participation; and.
3. I willingly agree to comply with the customary terms and conditions for participation including compliance with all oral and written instructions. If however, I observe unusual and/or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and.
4. I, for myself and behalf of heirs, assigns, personal representatives, family and next to kin, HEREBY RELEASE AND HOLD HARMLESS CLEMSON UNIVERSITY, MONTE LEE, MONTE LEE BASEBALL CAMPS, LLC., ALL CAMP INSTRUCTORS, their officers, trustees, board members, agents and/or employees, other participants, sponsoring agencies, sponsors, advertising, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL CLAIM, DEMAND OR CAUSE OF ACTION ARISING FROM ANY INJURY, ILLNESS, DISABILITY, DEATH or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASES OR ANY OTHER ACTS OR OMISSIONS OF THE RELEASES
5. I, for myself and on behalf of heirs, assigns, personal representatives, family and next to kin, hereby agree to indemnify, hold harmless and covenant not to sue the persons and entities hereby released against any loss, costs, damages, liens, expenses (including attorney's fees), lawsuits, claims, procedures, actions or other liability claimed or imposed upon the persons or entities, hereby released for any property damage or loss, personal injury of any kind, illness and/or death, whether arising from the negligence of the Releases or otherwise.
6. The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement in intended to be as broad and inclusive as is permitted by law of the state of South Carolina and that if any portion thereof is held invalid, it is expressly agreed that the remaining terms and conditions shall, notwithstanding, continue in full legal force and effect. The undersigned further agrees that this agreement will be construed under the laws of the state of South Carolina.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS. I FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND FULLY INTEND THIS AGREEMENT TO BE COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY OF THE ABOVE RELEASES TO THE GREATEST EXTENT ALLOWED BY LAW. I SIGN THIS AGREEMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant's Name \_\_\_\_\_

**\*\*FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION) \*\***

I hereby authorize enrollment of my child in the Monte Lee Baseball Camps. I further certify that I, as parent/guardian with legal responsibilities for this participant, do consent and agree to his/her release of all the releases as provided above, and for myself, my heirs, my family, and next to kin, I release and agree these programs as provided above, EVEN IF ARISING FROM THE RELEASES'S NEGLIGENCE. I fully understand the terms and conditions of this Agreement as set forth above and expressly agree to be bound by the foregoing terms and conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name Printed \_\_\_\_\_

**\*\*NOTE: A fully signed copy of this Agreement must be received before the Participant is allowed to take part in any activity of Monte Lee Baseball Camps.**

**Clemson University**  
**Acknowledgement of Responsibility and Indemnification Form for Minors – Summer Programs**

I, \_\_\_\_\_ (print full name of parent or legal guardian) understand that the participation of my child or ward (hereafter the “participant”), \_\_\_\_\_ (print full name of minor) in a Clemson University summer program to be housed on the Clemson University campus from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) requires my agreement to certain conditions. In consideration of the participant’s inclusion in such a program, I hereby understand, acknowledge and agree to the following terms and conditions:

(1) I am the legal parent or guardian of the participant named above.

(2) I agree to hold Clemson University, its board of trustees, officers, directors, administrators, employees, representatives, masters, servants, agents, volunteers, successors, and assigns (hereafter, the “University”) harmless in regards to any legal claim or financial obligation for any participant’s personal property that may have been lost, damaged, or stolen during the summer program. Further, I understand that all participants in the University’s summer programs are encouraged to carry appropriate insurance to cover such losses.

(3) I am responsible for the condition of the residence space assigned to the participant and shall reimburse the University for any and all damage to the space as well as any damage to or loss of fixtures, furnishings, or properties furnished under the contract. Further, I acknowledge that no alterations may be made to the residence space, its fixtures or furnishings.

(4) I agree that the participant will take every precaution to assure that communal areas including, but not limited to, baths, stairwells, elevators, lounges, and kitchens are not abused. I will reimburse the University for any damage caused by the participant to communal property, the participant’s residential space, or to any other University property. In halls or areas where the University has determined that there is abuse or destruction of University property and the responsible individual(s) cannot be identified, all summer programs participants assigned to the building in which the common space is located may be held responsible for paying a prorated portion of repair and/or replacement costs. In such event, I agree to pay the prorated repair and/or replacement costs on behalf of the participant.

(5) I understand that I am responsible for any key issued to the participant. Keys are issued at check-in. Keys must be returned when occupancy is terminated. If a key is lost or not returned when occupancy is terminated, the lock will be re-cored and new keys will be made. The cost for these services is \$75 per key/key fob lost and will be charged to the participant. All keys are property of the University and bear the statement “State of S.C., Do Not Duplicate.” Those violating this provision, or who possess keys other than the one assigned to them are subject to eviction from University housing.

(6) I agree that the participant will abide by the University Housing Summer Programs residency rules and local, state and federal laws. I understand that the participant will be immediately removed for possession or use of illegal substances, illegal possession or use of alcoholic beverages, destruction of property or disruptive behavior. Smoking is prohibited in all University housing facilities. I understand that the University may remove the participant for non-compliance with University Housing Summer Programs residency rules or local, state and/or federal law.

(7) I hereby agree to indemnify and hold the University harmless from and against any and all liabilities, claims, actions, damages, costs and expenses of any nature arising out of, related to, or in any way connected with participant’s inclusion in the University’s summer programs including by way of example, but not limited to, all attorneys’ fees, costs of court, and the costs and expenses of other professionals and disbursements up through and including any appeal.

**REQUIRED SIGNATURE**

Participant Name \_\_\_\_\_

Parent or Legal Guardian Name \_\_\_\_\_

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_