

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 2021-22 camp/clinic listed below.

CAMPER NAME _____ Grade _____

ALL Camps located at UCF Softball Complex

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 may receive a credit towards a future Cindy Ball Softball Camps clinic offered only during the 2021 year. Email is cindyballsoftballcamps@gmail.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 Central Florida does not provide medical insurance covering injuries of any nature incurred at any of the University of Central Florida Softball Camps and/or Clinics in addition to camps and clinics offered by Cindy Ball Softball Clinics or Ball-Malone Enterprises, LLC. The undersigned hereby releases the University of Central Florida, its successors, assigns, officers, agents, employees, and Cindy Ball Softball Camps/ Ball-Malone Enterprises, 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. The undersigned and the undersigned's heirs, executors and administrators, hereby waive and forever release and discharge UCF, UCF Board of Trustees, UCFAA, UCFAA Board of Trustees, its officers, directors, employees, agents successors and assigns of and from any and all claims, suits or rights for damages for personal property damage or physical injury which may be sustained by the undersigned's child or which occurs during the undersigned's' child's participation in camp activities or that may occur to or from camp, whether or not such injuries or property damage or loss is caused by, is connected, to or arises out of any acts or omissions or the negligence of UCF, UCF Board of Trustees, UCFAA, UCFAA Board of Trustees, its officers, directors, employees agents, successors or assigns or of the School at which the camp is held. –

CONSENT FOR TREATMENT OF A MINOR: I, the undersigned, authorize the University of Central Florida softball staff and Cindy Ball Softball Camps/ Ball-Malone Enterprises, 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 Central Florida, it's successors, assigns, officers, agents and employees and Cindy Ball Softball Camps/ Ball-Malone Enterprises, LLC it's 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. I hereby authorize medical treatment and care for my child, that may include routine diagnostic procedures (i.e., physical examination, x-rays, blood, and urine tests) and medical treatment as may be necessary. I understand that the consent and authorization granted herein does not include surgical procedures and are valid only during the time that my child is in attendance. If my child has any physical condition/limitation, nutritional restriction or requires treatment or medication that a clinician should be aware of (i.e., allergies, disabilities, etc.), I will provide written notification to the CFFC staff at or before registration and check-in. In the event that an illness or injury requires more extensive evaluation, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency and if I cannot be reached, I give my consent for my child to receive the proper treatment and/or medical services needed to perform any necessary emergency procedures.

CONSENT FOR USE OF VIDEO & PICTURES: I, the undersigned, authorize the University of Central Florida softball staff and Cindy Ball Softball Camps/ Ball-Malone Enterprises, 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: _____