

Clemson University Parental Permission Form and Release of Liability for Youth Camps or Programs

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the Monte Lee Baseball Camp at Clemson University: _____ which will take place on _____.

In consideration for my child being allowed to participate in this Monte Lee Baseball Camp, I the undersigned, acknowledge, appreciate and agree that:

1. Monte Lee Baseball Camps affords my child the opportunity to participate in activities, including, but not limited to: traditional baseball activity. There are inherent risks involved with these activities, including but not limited to traditional baseball activity. I choose to voluntarily allow my child to participate in this Monte Lee Baseball Camp. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I understand that the novel coronavirus (COVID-19) presents inherent risks to my health and/or the health of my child, and regardless of the care exercised by Monte Lee Baseball Camp, those health risks cannot be eliminated. Further, I understand and acknowledge that by participating in the Monte Lee Baseball Camp, my child runs the risk of a communicable disease infection, including infection from COVID-19, that could cause serious illness or even death. Despite these risks, I choose to voluntarily allow my child to participate in this Monte Lee Baseball Camp. I voluntarily assume full responsibility for all of the risks associated with my child's participation in the Monte Lee Baseball Camp, including the possibility of COVID-19 community spread, infection, serious illness, and even death. I also agree to follow all safety protocols that the CAMP/PROGRAM imposes as a condition of enrolling my child.
3. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this Monte Lee Baseball Camp. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
4. I understand that this Monte Lee Baseball Camp is physically strenuous and I know of no medical reason why my child should not participate.
5. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this Monte Lee Baseball Camp, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this Monte Lee Baseball Camp.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date