

*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 camp/clinic listed below.*

CAMPER NAME \_\_\_\_\_ Grade \_\_\_\_\_

## Washington Softball's 2022 Camps and Clinics Waiver

### Refund Policy:

There are no refunds—Email inquiries can be sent to [washingtonsoftballcamps.com](mailto:washingtonsoftballcamps.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 name above is covered by medical insurance as stated on the registration. It is further understood that the University of Washington does not provide medical insurance covering injuries of any nature incurred at any of the Washington Softball Camps, LLC. The undersigned hereby releases the University of Washington, its 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.

### CONSENT FOR USE OF VIDEO & PICTURES:

I, the undersigned authorize the University of Washington softball staff and Washington Softball Camps, LLC or anyone they've chosen/designated to use capture/take 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 the undersigned, waive y child's and personal rights to any future monies earned off any sales of pictures, videos and/or audio recorded/ taken at this clinic/camp/event.

I have read, fully understand and agree to the terms of this "Consent for Treatment of a Minor", "Assumption of Risk / Release from Liability" and "Consent for Use of Video and Pictures" Form.

Parent / Guardian Printed Name \_\_\_\_\_

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

Parent(s) cell phone number (s) \_\_\_\_\_

Email Address: \_\_\_\_\_