

Consent for MEDICAL TREATMENT and Consent to Participate

I/we the undersigned hereby authorize any first aid, medications or surgery deemed necessary in case of emergency for (print full name) _____, a participant in a Bison Softball Clinic. I/We understand that we will be responsible for any expenses incurred on her behalf in connection with such treatment. I/We also authorize the camp physician to execute on my/our behalf any permission slips and other appropriate documents and act on my/our behalf if I/We are not immediately able to do so.

Insurance Company: _____

Contact Number: _____

Emergency day phone _____

NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT INSURANCE COVERAGE. Injuries are a part of any training camp. It is very important that you are in good shape when you report to camp. The better the shape that you are in, the less likely you are to sustain an injury. If you receive a major injury, you will be returned home. There are no refunds due to injury or illness.

AS A CONDITION OF ENROLLMENT, THE FOLLWING DISCLAIMER OF LIABILITY MUST BE SIGEND AND DATED BY THE CAMPERS PARENT/LEGAL GUARDIAN.

The camper in attending the NDSU Softball Clinic and in using the any camp facility does so at her own risk. The University, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the camper during the camp or at the facilities. The camper and her parents assume full responsibility for any damages or injuries which may occur to the camper during the camp session and so hereby fully and forever exonerate and discharge the University, the NDSU Softball Clinic, its staff, its owners, employees and agents, from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known, unanticipated, resulting from or arising out of the camper’s participation in the camp session and in the use of the facilities.

I certify, that to the best of my knowledge, I am in good physical condition and have no disease or injury that would impair my performance in training or competition. I/We hereby consent to the participation of my daughter, in the NDSU Softball Clinic. If she fails to obey the competition and camp rules, the Directors have authority to expel her/him from camp.

Camper Signature and Date

Parent/Guardian Signature and Date

Camps/Clinics are open to anyone within the age ranges listed above.