

# WAIVER OF LIABILITY

Name of Camper(s): \_\_\_\_\_

Applying for acceptance of my child to the David Beasley Baseball Camp, I, \_\_\_\_\_ intending to be legally bound hereby for myself, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I may have against the David Beasley Baseball Camp, Berry College, Inc., their representatives, agents or assigns for any and all damages and injuries which may be sustained by me or my child in association with this camp. Also, I hereby authorize the director of the David Beasley Baseball Camp to act for me according to his best judgment in any emergency requiring medical attention. My child has had a recent physical examination and is physically able to participate in athletic activities, including baseball.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

List any known allergies (bees, peanuts, etc.):

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