

Jennies Volleyball Camps

Medical Treatment Consent Form

INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT

The undersigned parent or guardian of the applicant, _____, for and in further consideration of the Baseball Clinic accepting said applicant, does hereby release and discharge the University of Central Missouri and Jennies Volleyball Camps, Inc. and their representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Volleyball Clinic and hereby, agree to have and indemnify and keep harmless the University of Central Missouri and Jennies Volleyball Camps, Inc., their representatives, employees and agents against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Volleyball Clinic.

Parent/Guardian Signature: _____ Date: _____

Camper Signature (if 18 years of age or older): _____ Date: _____

MEDICAL TREATMENT AUTHORIZATION

I/We being the parents and /or legal guardians of the applicant authorize the University of Central Missouri and Tom Myers Baseball Camps, Inc. and their agent's permission to request emergency medical treatment or care as necessary to insure the well-being of the department. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Parent/Guardian Signature: _____ Date: _____

Please list any pre-existing medical conditions: _____

Are you or your dependents entitled to benefits under any Employer Union, Group Plan, Group Blue Cross/Blue Shield, Medicare, Medicaid or any other governmental program?

Yes () No ()

Person carrying other insurance coverage and relationship to applicant: _____

Employers or Sponsor Organization: _____

Insurance Company and Policy #: _____