

Best of Boston Softball Camp Event Waiver
Jan., 4, 2020

The undersigned, being a parent and legal guardian of the child requesting admittance to the Best of Boston Softball Camp, does here-by affirm that the applicant is in good health and suffers from no serious illness, disability, or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, the undersigned has no knowledge of any reason the applicant cannot participate in vigorous physical activity. I understand that, as a condition of admittance to the Terrier Softball Clinic, the undersigned, on behalf of all parents and guardians, & on behalf of the applicant, hereby releases, Best of Boston Softball Camp, Boston University, & Boston University employees or agents of the clinic from any liability from any loss or damage of personal property, mental or physical injury or illness suffered by the player during or related to the Best of Boston Softball Camp. I, the legal guardian of the participant, authorize Best of Boston Softball Camp staff to seek medical treatment for the player as they see necessary. I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care, and that it is given to provide the clinic staff authority to seek medical treatment & provide a licensed health care provider the authority to administer the treatment as she/he judges necessary to the participant. I accept responsibility for payment of all services rendered; I authorize any medical facility which renders services to release medical information necessary for the processing of insurance claims; & I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the camp staff will make a good faith effort to contact me before seeking treatment. If this is not possible, I understand the Best of Boston camp staff will notify me or my designee as soon as possible, if any and all diagnoses and treatments are administered.

BC Liability Waiver: The named participant has my permission to participate in the Best of Boston Softball Camp program. In case of an emergency, I understand that every attempt will be made to contact the emergency contact listed below. If contact is unsuccessful, I give permission to the attending certified athletic trainer to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury is the responsibility of the person signing below. Accident insurance for the January 4, 2020 Boston College clinic is provided by Boston College on an excess basis. All registrants must have their own primary medical insurance. Any medical costs and expenses will be the primary responsibility of the parent or guardian's medical coverage. I, the undersigned parent and/or legal guardian of the participant listed above, do hereby consent to his or her participation in the program identified above. I, as the parent of the participant and on behalf of the participant, release, hold harmless and agree to indemnify Trustees of Boston College and each of their respective members, partners, officers, directors, faculty, staff, representatives, affiliates, employees and agents, as applicable, from and against any present or future claim, loss or liability for injury to person or property which I or the participant may suffer, or for which the Participant may be liable to any other person, related to their participation in the program (including periods in transit to or from the participant's destination), resulting from any cause, including but not limited to ordinary or gross negligence.

Camper Name: _____ Date: _____

Parent Name: _____

Parent Signature: _____

