

Medical Waiver

We (I) hereby authorize Cloud County Baseball Camp, or its designee, to authorize treatment of the below named applicant on an emergency basis in the event such treatment becomes necessary. We (I) will be responsible for all medical bills incurred as a result of illness or accident while the below named applicant is taking part in the Cloud County Baseball Camp. We (I) hereby release Cloud County Baseball Camp and its agents from all claims on account of injuries, illness or disease which may be sustained by the below named applicant while attending the camp, and we (I) further agree to indemnify the camp and its agents for any claims which may thereafter be presented by the applicant as a result hereof

Date _____

Signed _____
(parent or guardian of participant)