



BallCorps, LLC

**Trash Pandas Instructional Camp
Participant Waiver of Liability
and Assumption of Risk**

PARTICIPANT INFORMATION

CHILDS NAME: _____ DOB: _____

PARENT OR GUARDIAN NAME: _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

CELL PHONE: _____ WORK PHONE: _____

EMAIL: _____

I understand that my participation in the **Trash Pandas Instructional Camp** located at Toyota Field 500 Trash Panda Way, Madison, AL, 35758 is a voluntary activity, and my child will be attending from _____ to _____.

I am aware of the dangers involved in participating in physical activity, physical competition and with certain equipment related to this Day Camp. I am aware it involves competition and sometimes-physical contact with and against other camp participants. I am further aware that there is an inherent danger and risk of injury in this participation, competition and use of camp athletic equipment. My parent/guardian and I are aware that many of these injuries may be serious and may include, without limitation, damages to joints, bones, muscle, ligaments, the neck or spine and other parts of the body. Additionally, I will use any required equipment in a proper manner and will follow all instructions related to such equipment including those instructions provided by the manufacturer equipment personnel and coaches. I agree to follow all rules, regulations and procedures given to me verbally and/or in writing.

In consideration of being allowed to participate in activities and/or events, I hereby agree to **ASSUME THE RISKS OF PROPERTY DAMAGE, INJURY, ILLNESS, OR DEATH** in any way associated with my participation in these activities. I agree to **RELEASE, DEFEND, INDEMNIFY, AND HOLD HARMLESS** BallCorps, LLC, its officials, employees, representatives, volunteers, and agents for any and all rights and claims for damages, including attorney fees, I now, or may hereafter have, whether known or unknown, in law or in equity, and arising from or in any way connected with my participation in the activities and/or events. I agree that the terms stated herein shall also serve as a **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** for my heirs, estate, executor, administrator, assignees, and for all members of my family.

MEDICAL INSURANCE

I give my permission to have photos and/or video recordings taken of my child for publicity purposes during activities and/or events, even though we will not receive compensation of any kind for appearing in such photos or video recordings.

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

Please initial each of the following:

_____ My child has the following physical impairments that may limit him/her from participating in some activities:

_____ My child has the following allergies:

_____ While attending the Trash Pandas Day Camp, my child **MUST** be given the following medications:

Medication: _____ Dosage: _____ Date/Time: _____

Medication: _____ Dosage: _____ Date/Time: _____

Medication: _____ Dosage: _____ Date/Time: _____

_____ Parent(s) or Guardian(s) will be contacted immediately if a child is injured or becomes sick while attending **Trash Pandas Instructional Camp**. In the event of an emergency where medical treatment is immediately necessary, I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

MEDICAL INSURANCE

Please provide a copy of the front and back of insurance card(s).

POLICY HOLDER: _____

INSURANCE COMPANY: _____

GROUP #: _____ **Policy #:** _____

EMERGENCY CONTACT / PICKUP LIST

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

NAME: _____ RELATIONSHIP: _____ PHONE: _____

CAUTION

I acknowledge that I have carefully read this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** and fully understand that I am waiving any right that I may now or hereafter have to bring a legal action to assert any claim against BallCorps, LLC in connection with my participation in any volunteer activity.

Parent or Guardian Signature

Date

Print Participant Name