

Rise Ball Camps & Clinics Medical Release Form

To Be Completed by Parents/Guardians and Campers 18 and Over

I (we), the undersigned, for ourselves, our heirs, executors and administrators agree to hold Rise Ball Camps and Clinics, Newtown Township, Newtown Girls Softball, Helen Randle Park, Diamond Nation, Jack Cust/Jenny Finch Indoor Softball Facility, The Hudson Valley Sports Dome and staff, the directors of Rise Ball Camps and Clinics, and all coaches, clinicians, staff, agents, representatives, employees, successors and assigns harmless from any injury my daughter may incur while involved with any camp activities and waive, release and forever discharge all named from any and all rights and claims for damages to person and property activities while participating in camp activities or resulting from camp activities. I understand that this is an independent camp and in no way is affiliated or sponsored by any university. My child is physically fit to take part in softball and camp-related activities. I hereby give Rise Ball Camps and Clinic directors, coaches, training staff and any emergency personnel permission to render such medical and hospital care that in their judgment may be necessary for my child in the event of an injury, illness, or accident. I agree to bear the cost of any treatment such performed.

Parent/Guardian Signature

Camper Signature (If Over 18 Years of Age)

Emergency Contact Name: _____

Emergency Contact Number: _____