

Medical Waiver Release and Medical Authorization

The release and the medical authorization must be signed by a parent or guardian in order for students to participate in camp activities.

Release of Liability

In consideration of the Butler CC Softball Camp granting the student permission to participate in the Butler CC Softball Camp, I hereby assume all risks of his/her personal injury that may result from Butler CC Softball Camp activities. As parent/guardian, I do hereby release the Kansas State Board of Regents, Butler Community College, Butler CC Softball Camp and their officers, employees, and agents and all instructors and all participants in said Butler CC Softball Camp program from all liability, including claims and suits at law or inequity, for injury which may result from the student taking part in Butler CC Softball Camp activities.

Health Statement/Medical Authorization

I do hereby affirm that the applicant is in good health and suffers from no illness, disability or condition that requires the taking of medication on a regular basis unless that condition is disclosed and approved. Furthermore, I have no knowledge of any reason that the applicant cannot participate in vigorous activity. I hereby authorize and give my consent to the health authorities of Butler Community College and Butler CC Softball Camp or any licensed physician or athletic trainer to perform upon or administer, without prior consent, any reasonable, necessary medical treatment to:

Camper's Name

Date

I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with student's attendance at this camp.

Signature of Parent(s) or Legal Guardian Date

Insurance Company

Policy Number