

**UNIVERSITY OF CENTRAL MISSOURI JENNIES SOFTBALL CAMPS FALL 2015**

Medical Treatment Consent Form

The undersigned parent or guardian of the applicant, for and in further consideration of the Softball Futures Camp accepting said applicant, does hereby release and discharge the University of Central Missouri and UCM Softball Camps and their representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind, even where they have been negligent, which may arise or be occasioned as a result of the applicant's participation in the Jennies Softball Futures Camp and hereby, agree to have and indemnify and keep harmless the University of Central Missouri and UCM Softball Camps, their representatives, employees and agents against any and all liability, claims, judgments or demands for damages, even where they have been negligent, arising as a result of any course instruction given the applicant by the Softball Camp.

MEDICAL TREATMENT AUTHORIZATION

I/We being the parents and /or legal guardians of the applicant authorize the University of Central Missouri and UCM Softball Camps and their agent's permission to request emergency medical treatment or care as necessary to insure the well-being of the department. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name \_\_\_\_\_