

Medical Consent/Release:

In signing this release, I attest and verify that my child has full knowledge of the risk involved with sport associated with the camp he is attending. My child is physically fit and does not have disease or injuries that would medically prohibit him from participating in this camp. I do hereby release officers, instructors, and employees from any responsibility or liability for reoccurrence of any pre-existing, an undisclosed injury or illness or any personal injury or property damage to my own child during the UVa-Wise Baseball Camp and because of camp participation.

I, the undersigned, also certify that I am the parent or legal guardian of the camper. I hereby give permission for any emergency procedures deemed necessary for my child during the camp. I further agree to pay through my insurance company, or otherwise, and all cost of medical attention or treatment.

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