

## UC Baseball Camps Liability Form

All campers must provide proof of insurance coverage for any injury or sickness incurred while attending the University of Charleston Baseball Camps. I waive and release the University of Charleston from any and all liability from injury or illness that may occur traveling to camp, during camp, and after camp. I, as a parent/guardian, have full understanding of risks involved and hereby voluntarily consent to said minors' participation, and assume the risk arising therefrom. I hereby give my permission for emergency medical treatment in the event I cannot be reached.

Print Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number \_\_\_\_\_ Type of Coverage \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

When completed, scan and e-mail to [info@ucwvbaseballcamps.com](mailto:info@ucwvbaseballcamps.com) or you may hand deliver to the registration check in table on day of camp, e-mail is preferred.



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CHARLESTON