

TOM MYERS 2008 SUMMER BASEBALL CAMPS

INDEMNIFICATION BY PARENT OR GUARDIAN OF APPLICANT

The undersigned parent or guardian of _____ the applicant, for and in further consideration of the Baseball Clinic accepting said applicant, does hereby release and discharge Tom Myers Baseball Camps, Inc. and it's representatives, employees and agents from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Baseball Clinic and hereby, agree to have and indemnify and keep harmless Tom Myers Baseball Camps, Inc., it's representatives, employees and agents against any and all liability, claims, judgments or demands for damages arising as a result of any course instruction given the applicant by the Baseball Clinic.

Parent/Guardian Signature: _____

Date: _____

Camper Signature (if 18 years of age or older): _____

Date: _____

MEDICAL TREATMENT AUTHORIZATION

I/We being the parents and /or legal guardians of the applicant authorize Tom Myers Baseball Camps, Inc. and it's agent's permission to request emergency medical treatment or care as necessary to insure the well-being of our 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/Guardian Signature: _____

Date: _____

Please list any pre-existing medical conditions: _____

Are you or your dependents entitled to benefits under any Employer Union, Group Plan, Group Blue Cross/Blue Shield, Medicare, Medicaid or any other governmental program?

Yes () No ()

Person carrying other insurance coverage and relationship to applicant: _____

Employers or Sponsor Organization: _____

Insurance Company and Policy #: _____