BEACH BUMS BASEBALL ACADEMY
MEDICAL WAIVER AND RELEASE OF LIABILITY FORM
333 STADIUM DRIVE, TRAVERSE CITY MI 49684

In consideration of any Beach Bums Baseball Academy event allowing my child to attend, I [we], individually and as Legal guardian(s) (and/or)

Parent(s) of: _____
Child's Name

(my child) do hereby release, discharge, indemnify and hold harmless the Beach Bums Baseball Academy, and its owners, directors, officers, employees, agents, successors and assigns from and against, and waive any and all claims or liabilities from any injuries, losses, or damages including without limitations, injuries to my child, myself and/or property, arising out of or incident to my child's participation in the Beach Bums Baseball Academy program whether caused in whole or in part, by the negligent act(s) or omission(s) of its owners, directors, employees or agents. Baseball is a sport where injuries can and will occur. I hereby agree and acknowledge all risk of injury to my child through his participation with this camp. I hereby authorize the staff of the Beach Bums Baseball Academy to act for me according to their best judgment, in any medical emergency for my child. I further state that my child is covered by my own medical insurance and has sufficient coverage as related to the risk of any injury he may suffer in this camp. Furthermore, as parent/legal guardian of aforementioned participant, I take full responsibility for payment of injuries that may occur during any Beach Bums Baseball Academy event.

_____ _____
Signature Parent/Legal Guardian Date

Important Medical Information Accident Insurance

Due to the rising cost of insurance and our effort to keep our tuition competitive, all participants must cover themselves for any injury or sickness incurred while attending any Beach Bums Baseball Academy events. Please complete the following:

Insurance Carrier's Name: _____

Policy Number: _____

EXISTING MEDICAL CONDITION: (if any) _____