

JACKSONVILLE UNIVERSITY
Athletic Department - Sports Medicine
Dolphin Baseball Academy
ASSUMPTION OF RISK WAIVER

Player's Name: _____ **Date of Birth:** _____

I certify that _____ has been examined by a physician, found to be in good health and able to compete in all camp activities without restriction. Please list any medical conditions that the coaches and athletic training staff need to be made aware of? (i.e. Allergies, Asthma, etc.)

Insurance/Contact Information

Please list contacts with appropriate phone numbers for notifications of emergencies.

Primary Contact: Name: _____ Home: _____

Cell: _____ Work: _____

Secondary Contact: Name: _____ Home: _____

Cell: _____ Work: _____

Policy Holders Name _____ Birth Date _____

SS# _____

Address _____

Relationship _____

City _____ State ____ Zip _____

Name of Insurance

Company _____

Address _____

Phone(_____) _____

City _____ State ____ Zip _____

Policy# _____ Group# _____

ID# _____

Consent to Treat

I also hereby authorize the Athletic Training Staff at Jacksonville University to render to my son any basic first-aid, injury evaluation, referrals to appropriate medical specialty, and/or recommendations that they deem reasonably necessary for my son's health and well being. Every attempt will be made to contact the parent or guardians of any injuries that need first-aid or referrals to appropriate medical specialty. Fully understanding the risks involved with the **Dolphin Baseball Academy** and my responsibilities, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release **Dolphin Baseball Academy, Chris Hayes Baseball Incorporated, Jacksonville University, Jacksonville University Department of Athletics, Sports medicine staff and its physicians, Strength coaches, Coaching staff and athletic team, and Jacksonville University agents, servants, and employees** from any and all liability, any medical expenses, and all claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in this camp.

Parent's Name (PRINT FULL NAME)

Parent's Signature (Parent, if athlete is under 18 years old) Date