



Hamilton

Hamilton College Baseball 2014 Winter Open Gym

PARENTAL PERMISSION/HOLD HARMLESS AGREEMENT

Camper Name (Last): _____ (First): _____
(Please Print Neatly)

Date Of Birth ____/____/____ Clinic Enrolled In: HAMILTON COLLEGE BASEBALL 2014 Winter Open Gym

1. As the natural parent and/or legally authorized guardian, I give my child, identified on the top of this form, permission to participate in the Hamilton College Clinic listed above.
2. I give permission for my child to go swimming in the Hamilton College swimming pool. _____ (Initial if permitting.)
3. I am aware of the inherent dangers and risks involved in sports clinics and baseball, including: bodily injury to the eyes, nose, head, neck or back; sprains, fractures, breaks, or dislocations of the joints or limbs; lacerations, concussions, skin disease, or death. Some other risks include, but are not limited to:
 - a) Being hit or struck by sports equipment (bat, ball, stick, club, racquet, puck, helmet).
 - b) Being hit, struck, physically challenged or collision with other camp participants.
 - c) Collision with camp facilities (floor, goal, backboard, ground, pool, diving board, mat).
 - d) Immersion in water (drowning).
4. I understand that Hamilton College *does not* provide any *accident or medical insurance* for my child. I understand that I am required to provide accident/medical insurance for my child and do so under the policy listed below. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program.

(NOTE: Your child *will not be allowed to participate* in our clinic unless your medical insurance provider and policy number is provided below.)

Medical Insurance Provider: _____ Policy No. _____

5. I confirm that my child has had a physical examination in the past 12 months and is physically able to participate in all Hamilton College Baseball Winter Workshops.
6. I agree, on behalf of myself, my spouse/partner, my child, and our assigns, executors, and heirs, to indemnify, and hold harmless, Hamilton College, and its trustees, officers, agents and employees from any and all liability, damage and claims of any nature arising out of or in any way related to my child's participation in this program except those things caused by the sole negligence of Hamilton College.
7. I understand that the terms of this agreement are legally binding and certify that I have signed this agreement on my own free will after carefully reading and fully understanding it.
8. I understand and acknowledge that in the case of illness, accident or injury, my child will be evaluated by and receive medical treatment from emergency response personnel

Parent or Guardian (please print)

Witness (please print)

Signature of Parent or Guardian

Signature of Witness

In witness whereof, this instrument is duly executed _____
Date

Registrants will not be allowed to participate unless this form is signed.