Lonni Alameda Softball Camps

WAIVER AND CONSENT FORM

I, the undersigned, hereby certify that I am the parent or legal guardian of (name of camper). I hereby give permission for the Camp staff to seek during the period of the Camp, appropriate medical attention for my child, for the medical attention to be given to my child, and for my child to receive the medical attention in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment. I, the undersigned, understand that Softball is an active, physical sport and that injuries can often occur during participation at Camp. I also understand that there will be more campers than staff at the Camp, and that my child cannot receive individualized attention and individualized supervision at all times. I hereby acknowledge that my child is physically fit and mentally capable of participating in practices, games, and all camp activities. I, the undersigned, hereby acknowledge and understand that Lonni Alameda Softball Camps LLC is a privately run sports camp and is not operated by or through Florida State University. The Camp is neither sponsored, controlled, nor supervised by Florida State University, but rather is under the sole sponsorship, control and supervision of the Camp Director, Lonni Alameda, I waive, release, and forever discharge Lonni Alameda (Camp Director), "Lonni Alameda Softball Camps LLC", and Florida State University and the aforementioned staffs, trustees, officers, agents, employees, representatives, successors, and assigns (collectively referred to hereinafter as "Released Parties") from any and all liability claims, demands, actions, and cause of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation in camp activities or while at Camp. NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN SECTION 744.301, FLORIDA STATUTES READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF THE RELEASED PARTIES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM THE RELEASED PARTIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND THE RELEASED PARTIES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM. I give permission for the "Lonni Alameda Softball Camps LLC "to take photographs of my child while engaged in Camp activities for the sole purpose of advertising and publicity, and I understand that my child's identity will remain anonymous in conjunction with any photograph used in marketing. My signature below indicates that I have provided true information and have read, understand and agree to all statements on this entire form and on any other form required by the Camp. **Printed Name** Parent/Guardian Signature Date Parent/Guardian Signature Date Printed Name **EMERGENCY CONTACT INFORMATION** Work Phone #: (Home Phone #: (Contact Name: ____ Emergency Phone #: (Cell Phone #: (Contact Name: _____ *Special instructions regarding the care of your child while at camp:____

INSURANCE INFORMATION

Insurance Company Name:	Policy #:	Group #:
Policy Holder's Name:	Relationship to Camper:	
*Special instructions regarding Submission of Insurance:		