

Medical Waiver

**Gene Stephenson Shocker Baseball
Camp**

Camp Waiver Statement

Must be faxed or mailed to Shocker Baseball Offices before said camp!

I verify _____, has been checked by a licensed physician and is physically able to participate in the **Gene Stephenson Shocker Baseball Camp**. I understand that participation in the camp(s) will involve instruction in the sport of **Baseball** and may include vigorous physical exercise or activity involving a multitude of risks, including but not limited to, broken bones, sprains, muscle pulls and head injuries. In consideration of, _____, being able to participate in the **Gene Stephenson Shocker Baseball Camp**, I hereby agree that I will not hold **Gene Stephenson Shocker Baseball Camp** nor its employees, responsible for any loss, damages or personal injury received as a result of my child's participation or the conduct of any and all camp directors and/or employees, including negligence. I hereby authorize the directors of the **Gene Stephenson Shocker Baseball Camp** to act for my child according to their best judgment in an emergency requiring medical attention, including the authorization of medical treatment. I agree to allow my child to be treated by a certified athletic trainer or licensed physician (if necessary) and to assume all costs related to such treatment. I authorize my insurance company to pay benefits as required for medical treatment resulting from participation. Also, I authorize the disclosure of medical information to my insurance for the purpose of the claim. The **Gene Stephenson Shocker Baseball Camp**, operated by **Gene Stephenson** is not operated by, connected with or an official function of Wichita State University or the WSU Intercollegiate Athletic Association., Inc.

I have read and understand the camp waiver.

Signature of legal guardian: _____

Date of Signature: _____

Camp(s) child is attending: _____

Attn: Shelley Fetters – 316-978-3963 (fax)

Mailing Address: 1845 Fairmount, Wichita, KS 67260-0018