



Pioneer Baseball Camps at Sacred Heart University

Release of liability waiver:

By indicating your acceptance, you understand, agree, warrant and covenant as follows:

By signing, I give the SHU Baseball staff permission to treat my son,

_____, at the nearest hospital in the event of injury. I verify

that my child(ren) is physically fit to participate in the camp and all of his immunizations are current. Attached is a list of allergies or limitations of which I am aware. I understand that the SHU staff or anyone associated with this clinic is not responsible for any accidents resulting in medical, dental or any other expenses.

Parent/Guardian Signature: _____ Date: _____

Please list of allergies or limitations that you are aware of: