

**2009 MEDICAL RELEASE FORM**  
**Complete and return this form with camp application to:**

Paul Fibbe      Assistant Baseball Coach      10501 FGCU BLVD South      Ft Myers FL 33965  
Email: [pfibbe@fgcu.edu](mailto:pfibbe@fgcu.edu)      Fax: 239-590-7194

Consent to Medical Treatment & Release of Liability:  
(Read this before signing below)

In consideration of being allowed to participate in this camp, related events, and activities, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Florida Gulf Coast University Board of Trustees and their officers, agents, or employees and State of Florida (hereinafter referred to as RELEASEE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE, or otherwise, while participating in this camp, or while in, on upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child and/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, or any loss or damage to property owned by me/my child, as a result of being engaged in the camp's activities, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEE from any loss, liability, damage or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, WHETHER CAUSED BY NEGLIGENCE OF THE RELEASEE or otherwise.

During the period of the camp, I hereby give permission for the staff of Florida Gulf Coast University to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and spouse, if I am alive, and my heirs, assigns a personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the abovenamed RELEASEE. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

**I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

**Parent/Guardian's Signature** \_\_\_\_\_ **Date Signed**

Print Camper's Name

Medical Insurance Company Name

Policy Number Group Number

Insurance Company Phone Number Insured's Name

**IMPORTANT NOTE:**

**A photo copy of your insurance card must be attached to camp registration form.  
Applications will not be processed without.**