

# ***Georgia State Baseball Waiver Form***

All participants must have insurance coverage for any injury or sickness while attending. I waive and release the Georgia State University coaching staff from any and all liability from injury or illness incurred going to the clinic from home, during the camp, or going home from the clinic. I as a parent/guardian have actual knowledge and appreciate the particulars of the program and hereby voluntarily consent to said minor's participation and assumes the risks arising there from. I hereby give my permission for the use of emergency medical treatment in the event I cannot be reached. *There are no clinic refunds. Rain dates are at the discretion of the clinic director.*

Player Name \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

**\*\*This form must be completed and given to the Georgia State Baseball Staff prior to the start of Camp\*\***