

Please print fill out, sign and deliver this form to the registration check in on the first day of camp. You will be unable to attend camp without this form.

Duke Baseball Academy Waiver & Release

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Email _____

I do hereby waive, release and discharge the Duke Baseball Academy and the respective staff, employees, successors and assigns of and from any rights and claims for damages resulting from any injury to persons or property which may be sustained by me in connection with my association with or participating in or arising out of my traveling to or from the Duke University Baseball Camp. I the parent or guardian agree to the waiver and release, and join herein.

Parent/Guardian Signature _____

Date: _____

Emergency Contact Numbers

Name _____

Phone _____

Name _____

Phone _____