

**Saint Louis University Baseball Camp
Release and Waiver of Liability**

I understand that playing or participating in the sport of Baseball may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as the sport involved in this camp, an athletic participant can be seriously injured.

I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity (facilities are not air-conditioned). I understand that my child/ward may incur a serious injury, including paralysis or death, as a result of the dangers and risks associated with the above sport. I have certified to Darin Hendrickson, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I understand that Darin Hendrickson recommends that my child/ward obtain a physical examination to identify any physical condition or limitation of which I might not be aware that could affect his/her participation in the above named sport. I have advised Darin Hendrickson of any limitations on my child's/ward's activities for medical reasons.

Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless Darin Hendrickson, Saint Louis University, and their respective employees, agents, representatives, physicians, athletic trainers and volunteers from any and all liability, actions, causes of actions, claims or demands for personal injury, death or property damage of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport or camp. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown. The terms hereof shall serve as an assumption of risk, release and waiver for myself, my family, my child/ward and our heirs, executors, administrators, guardians or anyone else who might assert a claim on our behalf.

I have been advised that the camp will provide secondary medical insurance coverage for camp participants. I understand that this insurance is not a substitute for my primary insurance and provides maximum coverage up to \$10,000 in accordance with the terms of the secondary insurance plan/policy.

I hereby consent to permit Darin Hendrickson and staff working at the camp to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

_____ Date

_____ Signature of parent or legal guardian

It is understood that this is a private camp held by Darin Hendrickson and Darin Hendrickson has a license to use the name and marks of Saint Louis University. Saint Louis University has no financial or legal responsibility for this camp.



Winter Camp
Wednesday, December 26
Starting at 9 a.m.



Presented By:
Darin Hendrickson
Baseball Camps and
All-Star Performance