

**RELEASE, WAIVER AND CONSENT TO MEDICAL TREATMENT**

In consideration of being allowed to participate in this camp, I hereby Release, Waive, and Covenant not to sue [Boo De Oliveria Softball Camps] (“Operator”), The Trustees of Purdue University (“Purdue”) and any volunteers or staff of either Operator or Purdue (hereinafter referred to as Released Parties) 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 any property belonging to me/my child, whether caused by the negligence of Released Parties or otherwise, while participating in this camp, or upon the premises where the activities are conducted.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity that would place my child at risk in the participation in any way with the camp activities. I am fully aware of risks and hazards connected with this camp. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death, which may be sustained by my child as a result of participating in camp activities, whether caused by the negligence of the Released Parties or otherwise. I agree to indemnify and hold harmless the Released Parties from any liability, damage, or cost that may accrue related to me/my child's participation in the camp, whether caused by the negligence of the Released Parties or otherwise.

**DURING THE PERIOD FROM \_\_\_\_\_ UNTIL \_\_\_\_\_, I HEREBY GIVE PERMISSION TO [CAMP OPERATOR], TO RENDER APPROPRIATE MEDICAL ATTENTION TO MY CHILD IN THE EVENT OF ANY ACCIDENT, ILLNESS, OR INJURY. I WILL BE RESPONSIBLE TO ANY COST OF MEDICAL COVERAGE AND TREATMENTS NOT COVERED BY INSURANCE.**

It is my express intent that the Release, Waiver and Consent to Medical Treatment shall bind the members 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 and covenant not to sue the above-named Released Parties. I hereby further agree this Release, Waiver and Consent to Medical Treatment shall be construed in accordance with the laws of the State of Indiana.

In signing this release I acknowledge and represent that I am the parent or legal guardian of the named minor, have read and understand this Agreement and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and execute the Release for full, adequate and complete consideration fully intending to be bound by the same.

\_\_\_\_\_  
Name of Minor

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Number

## Consent for Medical Treatment of a Minor

Name of Minor: \_\_\_\_\_

Date: \_\_\_\_\_

In order to enable the Boo De Oliveria Softball Camps to provide prompt care to your

minor son or daughter, we urge you to read and complete this Consent form. In this way, we can help your child without delay should an emergency occur.

I, \_\_\_\_\_,

(Full name of parent/guardian)

declare that I am the \_\_\_\_\_

(Father/Mother/Guardian)

of \_\_\_\_\_

(Full name of minor)

a minor, age \_\_\_\_\_, born \_\_\_\_\_, 19\_\_\_\_\_

Please provide the following information concerning said minor:

Allergic Reactions: \_\_\_\_\_

Present Medication: \_\_\_\_\_

Date of Last Tetanus Booster: \_\_\_\_\_

Any past illness or other information that would be useful in the event medical treatment is necessary:

\_\_\_\_\_

Please complete ONE of the following:

- I grant permission of the camp directors, assistants, or other persons responsible for his/her care to act on my behalf for said minor in granting permission for evaluation and treatment of medical or psychological problems. In the event that I cannot be reached, I hereby give my consent to such medical treatment as deemed necessary, including surgery, lab tests, x-ray examinations and physical therapy to be rendered to said minor by a licensed/certified health care provider.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Parent or Guardian)

- I do not wish medical care of any kind except emergency care to be provided for said minor.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

(Parent or Guardian)

## Publicity Release

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_, a minor. I give Boo De Oliveria Softball Camps (hereinafter, the "Camp"), permission to use my the minor's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the Camp. I agree that the Camp has complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the Camp's mission. These uses include, but are not limited to illustrations, bulletins, exhibitions, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of the minor's likeness, and hereby release the Camp, Purdue University and any of their respective agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to the Camp to use my minor child's name and likeness to promote the Camp and its mission.

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

\_\_\_\_\_  
Date