

RICK JONES TULANE BASEBALL CAMP
Release for Medical Treatment

(application WILL NOT be complete until this form is signed and returned)

Name: (Last, First, MI) _____

Date of last tetanus immunization _____

Please list any allergies to medicine _____

Please list any conditions that physicians should be aware of _____

I hereby authorize any medical treatment for my child while he/ she is at Tulane University which may be advised or recommended by the attending physician of :

_____ (camper's name)

Insurance Coverage

Insurance coverage for accidental injury is required by all participants. If at the time of injury no family insurance exists, limited coverage is available at a per-session cost of \$15.00. This coverage must be purchased prior to camp commencement. Coverage is subject to policy terms, conditions, limitations and exclusions. Please indicate your current insurance data below or if secondary camp coverage is necessary.

I wish to purchase accident insurance at \$15.00

I have the required insurance:

Insurance Company _____

Policy Number _____

Parent or Guardian Signature _____

The undersigned hereby acknowledges that participation in this camp and related activities involves an inherent risk of physical injury and the undersigned, on behalf of the registrant, hereby assumes all such risk and does hereby release and forever discharge the camp, the university, and all employees and agents thereof from any and all liability of any kind or nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises. I hereby state that I am the legal guardian of said registrant.

Date _____

Signature of participant _____

Signature of Parent or Guardian _____

Signature of Witness _____