

John DiLaura Baseball Camps

MEDICAL INFORMATION - - REQUIRED

Emergency Name and phone number to be used in the event of an injury that requires emergency treatment when a parent or guardian cannot be reached.

Camper's Name:

Family Physician:

Emergency Contact Phone Number:

Medical/Accident Insurance Company:

Policy in Name of:

Policy #:

Allergies:

Last Tetanus Shot:

- Insurance program designed to cover costs in excess of camper's own policy.

MEDICAL TREATMENT – CONSENT AND RELEASE AUTHORIZATION

I/We the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge John DiLaura Baseball Camps, John DiLaura and its staff, officers, agents, employees, representatives, and assign of and from all rights and claims for damages, injuries, or loss of person or property which may be sustained or occurred during participation in Camp activities or while at Camp. I also give permission for my child to be given emergency treatment at a local hospital.

Parent / Guardian Signature

Date

John DiLaura Baseball Camps

ASSUMPTION OF THE RISK & WAIVER OF LIABILITY RELATING TO CORONAVIRUS & COVID-19 - - REQUIRED

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

John DiLaura Baseball Camps has put in place preventative measures and guidelines to reduce the spread of COVID-19; however, **John DiLaura Baseball Camps cannot guarantee** that you or your child(ren) will not become infected with COVID-19. Further, **attending John DiLaura Baseball Camps could increase your risk** and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending John DiLaura Baseball Camps and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at John DiLaura Baseball camps may result from the actions, omissions, or negligence of myself and others, including, but not limited to, John DiLaura Baseball Camps employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at John DiLaura Baseball Camps or participation at John DiLaura Baseball Camps ("Claims"). **On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless John DiLaura Baseball Camps, its employees, agents, and representatives**, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of John DiLaura Baseball Camps, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any John DiLaura Baseball Camps.

Signature of Parent / Guardian

Date

Print Name of Parent / Guardian

Camper's Name