

STAFFORD COUNTY SHERIFF'S OFFICE

"BLUE LINE BASEBALL CAMP"

NAME OF PARTICIPANT: _____

AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____

NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

EMERGENCY CONTACT: _____

RELATIONSHIP: _____

PHONE: _____ ALTERNATE PHONE: _____

RELEASE

I give permission for _____ (name of child/ward) to participate in the Stafford County Sheriff's Office Baseball Camp. I attest that I am either the child's parent or legal guardian with the legal authority to enter into this agreement.

I am aware that with the participation in the SCSO Baseball Camp comes certain risk including but not limited to the risk of personal injury, theft or damage to personal property. Activities in the SCSO Baseball Camp include but are not limited to physical exertion, exposure to the outdoor elements (sun, wind, rain, heat and cold).

I also understand and accept that the activities of the SCSO Baseball Camp will be held during the summer months and often outdoors where the weather will be hot and humid. I understand and agree that this creates additional physical stress and have considered that aspect of risk as well as the other risks associated with the activities in the SCSO Baseball Camp. On behalf of my child/ward I expressly agree and assume all of the risks associated with participation in the SCSO Baseball Camp.

I, on behalf of myself, my executors, administrators, heirs, next of kin and successors, hereby release, indemnify, hold harmless and discharge Stafford County and all its officers, departments, agencies, and employees from any and all claims, damages, injuries, fines, penalties and costs (including court costs and attorney fees), charges liabilities, or exposures,

however caused, resulting from or arising out of or in any way connected to me or my child's participation in the SCSO Baseball Camp Program. I have read and understand this agreement and by my signature agree to its terms. SCSO and the Camp Organizers agree to notify the Parent/Guardian/Emergency Contact Person whenever the child becomes ill or injured and the Parent/Guardian/Emergency Contact will arrange to have the child picked up as soon as possible. The Parent/Guardian authorizes the Camp Organizers to provide/obtain immediate medical care if an emergency occurs when he/she cannot be immediately reached.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____

CHILD SHIRT SIZE: _____

PLEASE LIST ANY ALLERGIES OR MEDICAL CONDITION OR REQUIRED MEDICATION:
