

Parent or Guardian must sign:

As parent or legal guardian of below applicant, I authorize the Drury University Panthers Baseball Camp to request medical treatment as necessary to insure the well being of the applicant. We, the undersigned, for ourselves, or heirs, executors and administrators, waiver and release forever discharge Drury University Baseball camp, their staff, officers, agents, representatives, employees, successors, and assigns of and from any and all rights claims for damages to person or property which may be sustained or occur during participation in activities, to or from program, whether paid damages, injury or loss are due to negligence or not.

Camper Name (Print): _____

Parent/Guardian Signature: _____(Date)

No camper will be allowed to participate without this form.