

**University of South Carolina – Baseball Camp**  
**Medical History/Emergency Information and Release of Liability**

This form must be completed and signed by the **participant's** parent or legal guardian.

***PARTICIPANT INFORMATION***

Participant's Name \_\_\_\_\_ Social Security# \_\_\_\_\_  
Permanent Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home Phone # \_\_\_\_\_

***MEDICAL EMERGENCY CONTACT INFORMATION***

PERSON TO CONTACT FIRST: NAME \_\_\_\_\_ RELATION TO **PARTICIPANT** \_\_\_\_\_  
DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_  
BACKUP CONTACT: NAME \_\_\_\_\_ RELATION TO **PARTICIPANT** \_\_\_\_\_  
DAYTIME PHONE # \_\_\_\_\_ EVENING PHONE # \_\_\_\_\_

***INSURANCE POLICY INFORMATION THAT COVERS PARTICIPANT***

POLICY HOLDER'S (PH) NAME \_\_\_\_\_ P.H. DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_ RELATION TO **PARTICIPANT** \_\_\_\_\_  
CITY, STATE ZIP \_\_\_\_\_ OCCUPATION \_\_\_\_\_  
P.H. EMPLOYER \_\_\_\_\_ INSURANCE COMPANY \_\_\_\_\_  
INSURANCE COMPANY'S ADDRESS \_\_\_\_\_  
POLICY# \_\_\_\_\_ PLAN \_\_\_\_\_

***PERMISSION TO TREAT & MEDICAL RELEASE*** (Check ONE of the following and sign below.)

\_\_\_\_\_ In the event of illness or injury, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery. I will be responsible for any medical or other charges connected with my child's attendance at the **event**.

\_\_\_\_\_ I DO NOT want any type of medical treatment provided to my child.

\_\_\_\_\_  
Parent/ Guardian Name

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

\_\_\_\_\_  
Date

**DIRECTIONS:** TO BE COMPLETED BY LEGAL GUARDIAN. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH ANY SPECIFIC RECOMMENDATION FROM YOUR PHYSICIAN TO THIS FORM.

***DOES THE **PARTICIPANT** HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE DESCRIBE)***

DRUG ALLERGIES? <b>NO</b> YES _____	FOOD ALLERGIES? <b>NO</b> /YES _____
ALLERGIES TO INSECTS? <b>NO</b> /YES _____	SPECIAL DIETARY NEEDS? <b>NO</b> /YES _____
ASTHMA? <b>NO</b> /YES _____	FREQUENT HEADACHES? <b>NO</b> /YES _____
DIZZINESS OR SEIZURES? <b>NO</b> /YES _____	
LIST: OTHER HEALTH PROBLEMS _____	

IS THE **PARTICIPANT** CURRENTLY TAKING MEDICATION? **NO**/YES

IF YES,WHAT?: \_\_\_\_\_

**PLEASE NOTE:** Our staff cannot administer any medications, prescription or otherwise, to **participants**. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the **participant** will need to take medication while attending our **event**, he must bring the medication to **event** and assume responsibility for taking it as needed. WILL THE **PARTICIPANT** REQUIRE ANY SPECIFIC TREATMENT FOR A MEDICAL/ EMOTIONAL CONDITION WHILE PARTICIPATING IN OUR **EVENT**? **NO**/YES

IF YES, PLEASE

DESCRIBE: \_\_\_\_\_

## MEDICAL HISTORY

IMMUNIZATION DATES: MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_ RUBELLA \_\_\_\_\_ MMR(COMBINED) \_\_\_\_\_ LAST

TETANUS \_\_\_\_\_ POLIO SERIES \_\_\_\_\_

DATE OF LAST CHECK\_UP \_\_\_\_\_

REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? NO /YES

IF YES, EXPLAIN \_\_\_\_\_

## PHYSICIAN'S INFORMATION

PHYSICIAN'S 'NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

## LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release executed by (participant's name) \_\_\_\_\_ and by  
\_\_\_\_\_ (Parent or Guardian name) to the University of South Carolina, Columbia, South Carolina.

In consideration of the participant being permitted to participate in the event, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which participant, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by participant or by any property belonging to me, while participant is in, on, upon or in transit to or from the premises where the event, or any adjunct to the event, occurs or is being conducted.

I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and participant and participant's Parent/Guardian agree that participant has individually assumed the risks involved with this event as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the event or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my/our express intent that this release and hold harmless agreement shall bind the members of participant's family and spouse, if participant is alive, and participant's family, estate, heirs, administration, personal representatives, or assigns, if participant is deceased, and shall be deemed as a "Liability Release, Waiver, Discharge and Covenant Not to Sue" the Above-names Releasees. participant/participant's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by participant or participant's family, arising out of participant's participation in the event.

In signing this Release, participant and participant's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and participant understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no health-related reasons or problems which preclude or restrict the participant's participation in this event, and the participant has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the participant.

I/We further agree that this Release shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the participant, and for participant's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_