

Medical Release

Indemnification by Parent or Guardian of Applicant

The undersigned parent of guardian of
(Athlete)_____

the applicant, for and in further consideration
of the Baseball Clinic accepting said applicant,
does hereby release and discharge the
Curators of the University of Missouri and its
representatives, employees and agents from
any and all debts, claims, demands, actions,
damages, causes of action, judgments or suits
of any kind which may arise or be occasioned
as a result of the applicant's participation in
the Baseball Clinic and hereby, agree to have
and indemnify and keep harmless the Curators
of the University of Missouri, it's
representatives, employees and agents against
any and all liability, claims, judgments, or
demands for damages arising as a result of any
course instruction given the applicant by the
Baseball Clinic.

X(Parent)_____

Date _____.

Medical Treatment Authorization

I/We being the parents and/or legal
guardians of the applicant authorize the
University of Missouri and its agent's
permission to request emergency medical
treatment or care a necessary to insure the
well-being of our dependent. Further, I claim
that the registrant has a physical examination
in the past year and was found fit for all
physical endeavors.

X(Parent)_____

Date _____

Emergency#

Person carrying other insurance and
relationship _____/ _____

Insurance Company:

Policy #:
