Andy Lopez Baseball Academy

Thanks for signing up for camp and we look forward to meeting each of you. Please fill out and sign this form to bring to camp during the check in process. If you have any questions prior to camp, please check the camp website. If something is not on the camp website, please email Coach Brett Scyphers at btscyph@email.arizona.edu or call 520-621-2063.

Thanks again for signing up and see you at camp!

Medical Release/Approval

In consideration of being allowed to participate in this camp, I herby RELEASE, WAIVE, DISCHARGE and COVENANT NOT TO SUE the Andy Lopez Baseball Academy, the University of Arizona, The Board of Regents of the State of Arizona, the State of Arizona, and their officers, servants, agents or employees (hereinafter referred to RELEASE) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, WETHER CAUSED BY NEGLIGENCE OF THE RELEASE, or otherwise, while participating in the this Camp, or while in, or on the premises where the Camp is being conducted.

To the best of my knowledge I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with the Camp's activities. I am fully aware the risks and hazards connected with this Camp. I VOLUNTARILY ASSUME RESPONSIBILITY FOR ANY RISK OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me/my child, , or any loss or damage to property owned by me/my child, as a result of being engaged in the Camps activities.

WEATHER CAUSED BY THE NEGILIGENCE OF THE RELLEASEE, or otherwise. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS, the RELEASEE, from any loss, liability, damage or costs, including court costs and attorneys' fees that may be related to me/my child's participation the Camp, WHETHER CAUSED BY NEGLIGENCE OF RELEASE or otherwise.

During the period of the Camp, I herby give my permission for the staff of the University of Arizona or this Camp to administer appropriate medical attention to me/my child in the event of any accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVER, this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Arizona.

In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily. I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same.

I HAVE FULLY READ THIS WAIVER OF LIABILITY AND FULLYUNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTAINTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT (Please attach any further medical information that me be pertinent)

This is not an official function of the University of Arizona.

Parents' of Guardian's Signature: _____
Name of Camper: _____
Present Heath (On Medication?): _____
Drug Sensitivities: _____
Insurance Company: _____
Policy Holder: _____
Policy/Group Number: _____