



### Indemnification by Parent of Guardian of Applicant

The undersigned parent or guardian of \_\_\_\_\_ 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, its representatives, employees and agents against any and all liability, claims, judgments, or demands for damages arising as a result of any course instruction given to the applicant by the Baseball Clinic.

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

### Medical Treatment Authorization

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

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date

Please List any pre-existing medical conditions:

\_\_\_\_\_  
\_\_\_\_\_

Are you or your dependents entitled to benefits under any Employer Union, Group, Plan Group Blue Cross, Blue Shield, Medicare, Medicaid, or any other governmental program?

(  ) Yes (  ) No

Person carrying other insurance coverage and relationship to applicant:

\_\_\_\_\_

Employer of Sponsoring Organization: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Additional Insurance Information: \_\_\_\_\_