

Agreement to Assumption of Risk, Release of Liability and Consent to Medical Treatment

As a condition of my/my child's participation in Utah Baseball Camps (hereinafter *UBC*), and in consideration for the privileges that come from participation in the *UBC* including instruction, use of facilities and equipment and other services provided by the *UBC*, I hereby agree for myself and/or for my minor child as follows:

1. I recognize and understand the *UBC* is a coach's camp offered and operated by *UBC*. The *UBC* is NOT a University of Utah sponsored activity and the University of Utah does not have any responsibility for the operation of the camp.
2. I recognize that the *UBC* will involve various activities that may include, but are not limited to, instruction, conditioning, practices, games, meals, lodging, and travel to and from the *UBC* (hereinafter *Camp Activities*).
3. I recognize that there are certain risks of harm to me and/or my child and others associated with participation in the *UBC* and *Camp Activities*, that there are dangers that cannot be fully foreseen, that there are risks and dangers that the *UBC* and its agents and employees cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or to others.
4. I understand that some of the dangers and inherent risks to me/to my child in playing or practicing to play in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my/my child's body and general health and well-being. I further understand that there are risks associated with travel and that I/my child could incur some or all of these injuries during travel to and from the *UBC*.
5. I acknowledge that *UBC* has strongly recommended to me that I/my child seek medical advice concerning my/my child's physical health, conditioning and abilities, prior to engaging in any *Camp Activities*. I further acknowledge that I do not/my child does not have any medical conditions that would affect my/my child's fitness to participate in *Camp Activities*.
6. I agree that if any injury or emergency should occur during *Camp Activities* with respect to myself/my child, the *UBC* staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend to my/my child's medical needs.
7. I represent that I have/my child has adequate health insurance to cover the costs of treatment in the event of any injury that I incur/my child incurs during participation in the *UBC*.
8. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity, and property damages which may be incurred by me/my child while engaged in *Camp Activities*.
9. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity, and property damages which may be made by others and that result in part from my/my child's participation in *Camp Activities*.
10. I agree to indemnify and hold harmless the University of Utah, Utah Baseball Camp, and their agents and employees from any loss liability, damages or costs, including court costs and attorney fees, that they may incur due to my participation in the *UBC*, whether caused by my/my child's negligence, the negligence of others and/or by the negligence of the University of Utah and/or *UBC* (excluding the sole negligence of the University of Utah and/or *UBC*).

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I HAVE CAREFULLY READ THE FOREGOING, THAT I UNDERSTAND IT, AND THAT I SIGN IT VOLUNTARILY AS MY OWN FREE ACT AND DEED. NO ONE HAS MADE ANY ORAL REPRESENTATION, STATEMENTS, OR INDUCEMENTS IN ORDER TO GET ME TO SIGN THIS DOCUMENT. I HAVE HAD THE OPPORTUNITY TO CONSULT WITH MY OWN LEGAL COUNSEL BEFORE SIGNING THIS DOCUMENT.

I AM SIGNING THIS AGREEMENT FOR MYSELF AS PARTICIPANT. I represent and acknowledge that I am at least eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

Signature of Camp Participant Date
(only if 18 years of age or older)

I AM SIGNING THIS AGREEMENT ON BEHALF OF A MINOR PARTICIPANT. I acknowledge that I am the Parent/Guardian of the Participant who is less than 18 years of age and that I understand the terms of this Agreement. This Agreement shall be binding upon the Participant and the Participant's parents, guardians, heirs, and personal representatives.

Signature of Parent/Guardian for Camp Participant Date

PLEASE PRINT CLEARLY

PARTICIPANT'S NAME _____

PARENT/GUARDIAN NAME _____

INSURANCE COMPANY _____ POLICY # _____

MEDICAL CONDITIONS _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship _____

Phone(s) _____

Camp Sign-Up Form

PLEASE PRINT CLEARLY

Name _____

Address _____

City, St, Zip _____

Phone _____ High School _____

E-mail _____

Age _____ Grade as of Fall 2011 _____

Earned a Varsity Letter in Baseball? _____ Positions _____

CHECK BOX FOR EACH CAMP THE CAMPER WILL BE ATTENDING

Youth Fundamental Camp \$110 (3:30pm - 5:30pm)

High School Skills Camp \$105 single session/ \$195 both sessions

Hitting Session

Defensive Session

Please circle **ONE** position that the camper will be participation in:

Infield

Catching

Pitching

Ages 13-15

Defensive Session: 6:00pm - 7:30pm

Hitting Session: 7:30pm - 9:00pm

Ages 16 & Up

Hitting Session: 6:00pm - 7:30pm

Defensive Session: 7:30pm - 9:00pm

Mail the *Camp Sign-Up Form*, and **COMPLETED/SIGNED Agreement to Assumption of Risk** with full payment **(Check, Cash, or Money Order – NO CREDIT CARDS)** payable to:

UTAH BASEBALL CAMP
1825 E. South Campus Dr.
Salt Lake City, UT 84112-0900
No confirmations will be mailed

For Utah Baseball Camp Use Only
Date Received: _____
Amount Paid: \$ _____
CK/MO #: _____

Online Registration Available at: www.utahbaseballcamp.com