

**Please mail/return form to:** North Dakota State University Baseball Camp, Bison Sports Arena, P.O. Box 6050, Fargo, ND 58105.

***Consent for MEDICAL TREATMENT / Consent to PARTICIPATE / Validation of INSURANCE***

I/We the undersigned, hereby authorize any first aid, medication, medical treatment or surgery deemed necessary in case of emergency for (print full name): \_\_\_\_\_ a participant in a Bison Baseball Camp. I/We understand that I/we will be responsible for any expenses incurred on his/her behalf in connection with such treatment. I/We also authorize the camp appointed physician to execute on my/our behalf any permission slips and other appropriate documents and act on my/our behalf if I/we are not immediately available to do so.

\_\_\_\_\_  
INSURANCE COMPANY NAME

\_\_\_\_\_  
POLICY NUMBER

\_\_\_\_\_  
EMERGENCY PHONE NUMBER(S)

**NO CAMPER WILL BE ADMITTED TO CAMP WITHOUT INSURANCE COVERAGE.** Injuries are a part of any training camp. It is very important that you are in good shape when you report to camp. The better shape you are in, the less likely you are to sustain an injury. If you receive a major injury, you will be returned home. There are no refunds due to injuries or illness.

**AS A CONDITION OF ENROLLMENT, THE FOLLOWING DISCLAIMER OF LIABILITY MUST BE SIGNED AND DATED BY THE CAMPER.S PARENT/LEGAL GUARDIAN:** The camper, in attending the NDSU Baseball Camp and in using any camp facility, does so at his/her own risk. The University, its Athletic Department and its staff shall not be liable for any damage arising from personal injury sustained by the camper during the camp session and so hereby fully and forever exonerate and discharge the University, the NDSU Baseball Camp, its staff, its owners, employees and agents, from any and all claims, demands, damages, right of action or causes of action, present or future, whether the same be known, anticipated, or unanticipated, resulting from or arising out of the campers participation in the camp session and in the use of the facilities.

I certify, that to the best of my knowledge, I am in good physical condition and have no disease or injury that would impair my performance in training or competition.

I/We hereby consent to the participation of my son/daughter, in the Bison Baseball Camp. If he/she fails to obey the competition and camp rules, the Directors have authority to expel him/her from same.

\_\_\_\_\_  
SIGNATURE OF PARENT/GURADIAN

\_\_\_\_\_  
DATE

**Please make checks payable to:** NDSU Baseball